

**Scholarship Fund Application  
(Applicant Must Be A Member Of A Church  
The Providence Regular Baptist Association)**

Applicant's Full Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Place of Employment – Own \_\_\_\_\_

Mother \_\_\_\_\_

Father \_\_\_\_\_

Other Income \_\_\_\_\_

Have You Applied For and/or Received Any Other Scholarships, Grants, Etc? If So, List Them:

\_\_\_\_\_

Name Of High School You Attend/Attended: \_\_\_\_\_

School Address: \_\_\_\_\_

Name of College You Are Attending, Plan To Apply, Or have Been Accepted Into:

\_\_\_\_\_

Name of Church (Member or Affiliation): \_\_\_\_\_

List Three References (Other Than Relatives):

Name	Occupation	Address	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please Attach A Resume To This Sheet:

\_\_\_\_\_  
*Signature: Applicant*

\_\_\_\_\_  
*Signature: Parents*

\_\_\_\_\_  
*Signature: Pastor*

**FOR SCREENING COMMITTEE USE ONLY**

Date Received: \_\_\_\_\_

Remarks: \_\_\_\_\_

**Please mail to: James Williams at 84 Vale Road, Bidwell OH 45614; postmarked by March 31st**

To accompany Providence Scholarship Application

**RESUME OF THE APPLICANT**

| )

---

**Signature**

**Please mail to: James Williams at 84 Vale Road, Bidwell OH 45614; postmarked by March 31st**

**PASTOR'S REFERENCE FOR SCHOLARSHIP APPLICANT**

---

**Pastor's Signature**

**Please mail to: James Williams at 84 Vale Road, Bidwell OH 45614; postmarked by March 31st**

**Providence Regular Missionary Baptist Association Inc.  
Sunday School & BTU Auxiliary**

**Bernice P. Borden Scholarship  
Watch Care Form  
(to be completed by watch care church official)**

**Statement of Purpose:** The holder of this form has been awarded the Bernice P. Borden Scholarship, in part, because of the participation in a Providence Church Sunday School and Baptist Training Union activities. Once the student attends higher education, we encourage him/her to join a church under watch care and continue the study of God's word.

**Directions:** Please send this completed form to the Scholarship Committee Chairman

Student Name \_\_\_\_\_

School attending \_\_\_\_\_

Name and Address of Church  
\_\_\_\_\_  
\_\_\_\_\_

Description of Biblical Activities:

Sunday School Attendance-

Worship Service Attendance-

Bible Study Classes-

Attach additional sheets as needed

Name \_\_\_\_\_

Title:     Pastor     Superintendent of Sunday School

Phone/email (\_\_\_\_\_) \_\_\_\_\_ **THANK YOU ,**

*Post marked By*

**Please mail to Mr. James Williams at 84 Vale St. Bidwell, OH 45614 ~~before March 31<sup>st</sup>~~.**

**May our Father continue to richly bless you and your congregation,  
The Providence Regular Missionary Baptist Association Inc.**