

Student ScholarshipApplication Form

Instructions:

- Please print clearly the following information. Turn in completed application, with all applicable signatures, to the Office. If this form is incomplete, inaccurate, or not signed, it will not be considered.
- Please submit a new application each school year or as required by scholarship criteria.
- Athens Bible School may require an attached written statement describing educational goals and other relevant Information (see specific scholarship criteria).

| Name | : | | | | | | |
|----------------------------------|---|-----|-----|----|----|--|--|
| Data | | | | | | | |
| Date | : | D D | M M | YY | YY | | |
| Name of Scholarship | | | | | | | |
| | | | | | | | |
| Applicant's Personal Information | | | | | | | |
| ADDRESS | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| DUONE | | | | | | | |
| PHONE | | | | | | | |
| E-MAIL | | | | | | | |
| CURRENT GRADE | | | | | | | |

Nepotism Statement:

State law requires applicants to identify any relation to any current member to the ABS Board of Directors. A student related to a board member can only receive a scholarship if exclusively based on academic merits.

| If yes, please identify the Board member and the relationship: | | | | | | | |
|--|---|--|--|--|--|--|--|
| Authoriza | ation Information: | | | | | | |
| Initial | I understand my name and information from my academic history may be released to the scholarship selection committee(s) and the scholarship donor(s). If awarded a scholarship, I release to Athens Bible School, the right to arrange a meeting with the donor(s) and use my name, story, and picture for printed and video materials, reports, and press releases, without compensation, as well as I will attend ceremonies and receptions. I also recognize the advisability of communication a letter of thanks to the donor of the scholarship. | | | | | | |

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship selection committee(s) and scholarship donor(s).

Student Signature: _____ Date: ____

| OFFICE USE ONLY | | |
|---------------------------|--|---------|
| Office Signature: | | GPA: |
| Scholarship Recommended: | | Amount: |
| Scholarship Awarded Date: | | |