

James Robert Harris Scholarship Application

GEORGIA BAPTIST ASSOCIATION

P. O. Box 776

Washington, GA 30673-0776

(706) 678-7381

Please fill in the information below to be considered for the scholarship provided by James Robert Harris. In order to be considered, you must meet the eligibility requirements listed on the website.

Name _____

Address _____

City _____ State _____ Zip code _____

Phone _____ Email _____

Date of Birth _____

Name of School _____

Current GPA _____

Name of Church where you are a member _____

Describe your conversion experience.

Describe your call to Christian Ministry as you understand it at this time:

Why are you applying for the Harris Scholarship?

What are your financial needs for the coming year? (Please list any other scholarships you receive.)

Please list at least six personal references (pastors and laymen):

You will be contacted via phone or email to set up an interview with a selection panel. Three attempts will be made to contact you and set up an interview. If no contact is made after three attempts, we will move to another candidate.

Thank you for your interest in the James Robert Harris Scholarship from the Georgia Baptist Association. Please fill out the attached Georgia Baptist Foundation Scholarship Recipient Information sheet. Mail it using the instructions at the bottom of the page. Thanks.



GEORGIA BAPTIST FOUNDATION INC

6405 Sugarloaf Parkway, Duluth, GA 30097-4092
1.800.452.9064

Name of Fund _____ Amount of Award \$ _____

Signature of Church/Committee Representative _____

SCHOLARSHIP RECIPIENT INFORMATION

Name _____ Date _____

Student Email Address _____

Home Address _____

City, State ZIP _____

Telephone # (Circle One) Home Cell _____

Birth Date _____ Married? _____ # of Dependents _____

Name of Your Church _____

Church Address _____

Preparing for what type of career? _____

Which college or seminary will you attend? _____

When do you expect to enroll? (Circle one) FALL SPRING 20_____

What will be your enrollment status for the upcoming term? (Circle one)

Freshman Sophomore Junior Senior Graduate

How many credit hours to you anticipate earning each term? _____

Circle one: Semester Quarter

Will you be classified as a full-time student? (Circle one) Yes No

Did you maintain an academic record described as "satisfactory progress" by the college or school you last attended? (Circle one) Yes No

It is the policy of the Georgia Baptist Foundation to make all scholarship checks payable jointly to the student and the school where he or she is enrolled.

Address where checks are to be mailed:

Return this form and proof of enrollment to:

Candace E. Cannon
Georgia Baptist Foundation, Inc.
6405 Sugarloaf Parkway
Duluth, GA 30097