

**EASTERN LOUISIANA BAPTIST ASSOCIATION
SCHOLARSHIP APPLICATION
PACKAGE
for the school year
2010 - 2011**

Completed forms are to be returned to the ELBA office no later than

March 25, 2010.

Scholarship awards will be reported in
the May 3, 2010 Executive Board meeting.

Completed applications should be returned to:

**EASTERN LOUISIANA BAPTIST ASSOCIATION
SCHOLARSHIP COMMITTEE
P O Box 305
Walker, LA 70785**

DATE _____

NAME OF APPLICANT _____

HOME ADDRESS _____

TELEPHONE _____ SEX _____ AGE _____ DATE OF BIRTH ____/____/____

SCHOOLING:

Last School Attended _____ Degree Received _____

Year Graduated _____

INCLUDE COPY OF GRADES FOR THE MOST CURRENT SCHOOL YEAR.

Are you currently in school? _____ Where? _____

Have you applied for school? _____ Where? _____

Has your application been approved? _____ If no, explain _____

Does the school make any tuition concessions for you? _____ Explain _____

Have you received other scholarships or grants? _____ If so, name the scholarship, sponsor,
and amount _____

RELIGIOUS EXPERIENCE:

Are you a Christian? _____ How long have you been a Christian? _____

Church where you are a member _____

Pastor's name and address _____

List the ministries that you participate in at your home church (e.g. Mission Friends, GA, RA, Acteen,
Sunday School, Discipleship Training, VBS) _____

If you do not participate, why not? _____

List other Christian organizations and activities in which you are active _____

FAMILY INFORMATION SHEET:

Name _____

Single Married

If Single:

Father or Male Guardian _____

Mother or Female Guardian _____

Total number of people living at home? _____

Place of Residence During School? _____

Total Annual Family Income _____

If Married:

Spouse _____

Dependants:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Annual Family Income _____

Applicant,

Please give the reference forms and an envelope to your selected individuals. Have them complete the forms, seal them in the envelope and return to you to be submitted along with the application.

ALL application forms and information sheets must be returned to the Associational Office by the scheduled deadline.

Signature of Applicant _____

MINISTER'S REFERENCE SHEET:

Dear Minister,

You have been selected to be a reference for an ELBA scholarship applicant.

In order that we may knowledgeably study this application, we would appreciate you furnishing us the information below. All information will be treated as confidential. Please place the reference forms in a sealed envelope and return them to the applicant.

Sincerely,

The Scholarship Committee
Eastern Louisiana Baptist Association

Scholarship Applicant _____

How long have you known this person? _____

Please rate the applicant with respect to each of the characteristics listed below by marking an "X" in the section that most nearly represents your evaluation of the applicant.

	EXCELLENT	GOOD	SATISFACTORY	BELOW AVERAGE
INTELLIGENCE	_____	_____	_____	_____
LEADERSHIP	_____	_____	_____	_____
TEAMWORK	_____	_____	_____	_____
RESPONSIVENESS TO NEEDS OF OTHERS	_____	_____	_____	_____
EMOTIONAL STABILITY	_____	_____	_____	_____
WILLINGNESS TO SERVE	_____	_____	_____	_____
SENSE OF HUMOR	_____	_____	_____	_____

On the attached page, please describe the applicant's Christian walk. List strengths and potential weaknesses of the applicant. Your honest assessment of this applicant is essential to the work of the Scholarship Committee. Use additional sheets if necessary.

MINISTER _____ POSITION _____

ADDRESS _____ PHONE _____

Signature _____ Date _____

If you have questions, please contact:

EASTERN LOUISIANA BAPTIST ASSOCIATION
SCHOLARSHIP COMMITTEE
P O Box 305
Walker LA 70785
Phone: 225-664-0121

PERSONAL REFERENCE SHEET:

Dear Friend,

You have been selected to be a reference for an ELBA scholarship applicant.

In order that we may knowledgeably study this application, we would appreciate you furnishing us the information below. All information will be treated as confidential. Please place the reference forms in a sealed envelope and return them to the applicant.

Sincerely,

The Scholarship Committee
Eastern Louisiana Baptist Association

Scholarship Applicant _____

How long have you known this person? _____

Please rate the applicant with respect to each of the characteristics listed below by marking an "X" in the section that most nearly represents your evaluation of the applicant.

	EXCELLENT	GOOD	SATISFACTORY	BELOW AVERAGE
INTELLIGENCE	_____	_____	_____	_____
LEADERSHIP	_____	_____	_____	_____
TEAMWORK	_____	_____	_____	_____
RESPONSIVENESS TO NEEDS OF OTHERS	_____	_____	_____	_____
EMOTIONAL STABILITY	_____	_____	_____	_____
WILLINGNESS TO SERVE	_____	_____	_____	_____
SENSE OF HUMOR	_____	_____	_____	_____

On the attached page, please describe the applicant's Christian walk. List strengths and potential weaknesses of the applicant. Your honest assessment of this applicant is essential to the work of the Scholarship Committee. Use additional sheets if necessary.

NAME OF REFERENCE _____

RELATIONSHIP TO APPLICANT _____

ADDRESS _____ PHONE _____

Signature _____ Date _____

If you have questions, please contact:
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SCHOLARSHIP COMMITTEE
P O Box 305
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Phone: 225-664-0121

