

SCHOLARSHIP RE-CERTIFICATION
The Harrodsburg Baptist Foundation

NOTE: Students seeking continuation of scholarship funds under the Guidelines & Requirements of The Harrodsburg Baptist Foundation are responsible to have this form completed, including all signatures, and returned to the Foundation within 30 days of the start of a new school term. Students should make additional copies of this form to use during future school terms.

Name _____ Social Security Number _____
Last First MI

Current Mailing Address _____
Street City Zip Code

Current Phone # (Area Code) _____ Email Address _____

SCHOOL INFORMATION

School attending _____

Expected Graduation Date _____

Degree Seeking _____

Vocational Objectives: Ministerial Missionary
_____ Pastor _____ Area/Type
_____ Music _____ Other/Explain _____
_____ Youth _____

I am enrolled as a Full-time student this school term ___ Yes ___ No Hours Taking _____

Dates of this school term (mm/dd/yy) _____ to _____

I certify the information provided on this application is true and complete. In the future, should I be receiving support from this scholarship and my circumstances change, so as to possibly effect my eligibility for these funds, I will notify representatives of The Harrodsburg Baptist Foundation immediately for determination of my continuation. I have read and accept the Guidelines & Requirements for this scholarship.

Full Signature _____ Date _____
Scholarship Applicant

School Approval:

As a duly authorized representative of the above school, I certify this person is currently enrolled as a Full-Time student in the area of studies indicated for the school term shown on this form.

Signature of School Representative _____ Date _____

School Representative Title/Position _____

Return Application to:
The Harrodsburg Baptist Foundation
Attn: Secretary
312 S. Main St.
Harrodsburg, KY 40330