

# First Baptist Church Brandon Children's Ministry *Scholarship Application*

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Alternate Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_

E-Mail: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

FBC Brandon Church Member: \_\_\_\_\_ Yes \_\_\_\_\_ No

Event Needing Scholarship For: \_\_\_\_\_

Briefly Explain Your Need For A Scholarship:

***We will be back in touch with you by phone about your scholarship!!***

**You may turn in this form by one of the following:**

Mail:  
309 South College Street  
Brandon, MS 39042

Fax:  
601-825-7802

Drop-Off:  
Mon. – Fri. 8am – 5pm  
College Street Campus

