



Georgia Baptist Convention Church Employee Dependent Scholarship Application

STUDENT INFORMATION: (Please Type or Print)

Name: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

I certify that I meet the following eligibility requirements for a GBC Employee Dependent Scholarship: (All requirements must be met to qualify. Please indicate compliance by placing your initials next to each):

_____ I am a dependent of a full-time employee of a Baptist church in the Georgia Baptist Convention or a dependent of a GBC full-time employee.

_____ I will be enrolled at Shorter University on the main Rome campus in a traditional study program for the upcoming academic year.

Signature of Applicant: _____ **Date**

GBC/ GBC Affiliated Church Full-Time Employee Information (Please Type or Print):

Name: _____

Georgia Baptist Church Name: _____

Full-Time Position Title: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Baptist Association Name That Church is affiliated with _____

(Dependent Student Name)

GBC/GBC Affiliated Church Employee Signature **Date**

Please Return To:
Shorter University | Financial Aid Office
Shorter University | 315 Shorter Avenue | Rome, GA 30165
(706) 233-7227 / 800-868-6980 / Atlanta - (678) 260-3536 - Fax: (706) 233-7314
financialaid@shorter.edu
www.shorter.edu