

Northern Plains Independent Baptist Fellowship One-Year Certificate Program Scholarship First Year Application (\$500)

PERSONAL INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
DATE OF BIRTH (Month/Day/Year) ____ / ____ / 20____	GENDER	EMAIL ADDRESS	
HOME STREET ADDRESS	CITY	STATE	ZIP

SCHOOL INFORMATION

NAME OF BIBLE COLLEGE OR SCHOOL TO WHICH YOU HAVE APPLIED	LOCATION OF SCHOOL (City, ST)	ACCEPTED? (Yes or No)
AREA OF STUDY	# OF CREDIT HOURS	STARTING (Month/Year) ____ / ____
BRIEFLY EXPLAIN HOW YOU INTEND TO SERVE THE LORD WITH YOUR EDUCATION. _____ _____		

SPIRITUAL INFORMATION

CHURCH NAME	PASTOR'S NAME	MEMBER? (Yes or No)	
CHURCH STREET ADDRESS	CITY	STATE	ZIP
LIST ALL YEARS YOU ATTENDED BLACK HILLS BAPTIST CAMP.	WHEN WERE YOU SAVED?	WHEN WERE YOU BAPTIZED?	
BRIEFLY GIVE YOUR SALVATION TESTIMONY. _____ _____			

