

# Old West Florida Primitive Baptist Association Scholarship Application – 2025

*Must be typed*

Name: Mr. \_\_\_\_\_ E-Mail \_\_\_\_\_  
Miss \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone No. \_\_\_\_\_

High School \_\_\_\_\_ GPA \_\_\_\_\_

Parent (s)/Guardian \_\_\_\_\_ Employment \_\_\_\_\_

Number of persons in household: 18 years and older \_\_\_\_\_ Under 18 years old \_\_\_\_\_

Name of church where you are a member: \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Your Involvement at Church \_\_\_\_\_

Name of College, University or Vocational/Technical School you will be attending \_\_\_\_\_

City and State \_\_\_\_\_

What major/training will you pursue? \_\_\_\_\_

Clubs/Organizations of which you are a member: \_\_\_\_\_

Community Service you have rendered (List organization and service provided)

Applicant's LEGIBLE Signature \_\_\_\_\_ Date \_\_\_\_\_

Email before 11:30 p.m. June 30 to: [jerrlyne@aol.com](mailto:jerrlyne@aol.com)