



(To be filled out by student)

BAPTIST LEADERSHIP AWARD APPLICATION

(PLEASE PRINT OR TYPE)

•	PERSO	NAL.	INFO	RMA	TION

Social Security Num	ber/	_/					
Student's Full Name	Last (Family)	First		Middle	Preferred to be called		
Mailing Address:	Number, Street or Post Office Box						
Telephone:	City	E-mail Address:	State	Zip Code	County (if Kentucky)		
High School:			Year of 0	Graduation: _			
Guidance Counselor	s Name:						
Grade Point Average	:	ACT or SAT Score:					
positions of 3. Please requanother churcher	leadership and responsi a. a. a. a. a. a. a. a. a. a.	High School b. C	Church	c. Communi			
	FORMATION						
Name of your (Church:						
Pastor's Name:		Youth Director:					
	City		Zip	Church P	hone: Area Code/ Number		
-	er of this church?	YesN	NO				
Student	Signature				Date		

SUBMIT THIS APPLICATION WITH ALL OF ITS SUPPORTING DOCUMENTS TO:

Campbellsville University Admissions – 1 University Dr. UPO 782 Campbellsville KY 42718 Fax: 270.789.5071 Phone 1.800.264.6014 or 270.789.5220 email: admissions@campbellsville.edu