



Kentucky Baptist

Scholarship Application

To complete the application, please fill in all information – (Note: This scholarship is for any incoming freshman student who is affiliated with a Kentucky Baptist Church. You must be accepted before your application will be reviewed)

The deadline for this application is March 15.

Last Name: _____ First: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ E-Mail Address: _____

High School _____

College Major(s)/Minor (s): _____

Please tell us your testimony and what God has done for you. You may use the reverse side if you need more room or attach a written/typed essay to this application:

Please have your Pastor/Minister complete the bottom section:

I _____, Pastor/Minister of _____
recommend the above student for the Kentucky Baptist Scholarship. I agree that all information contained on this form is true, as I know it.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Return completed application to:

Campbellsville University
Office of Financial Aid
1 University Drive UPO 785
Campbellsville, KY 42718