

(To be filled out by student)

Deadline: December 31

BAPTIST LEADERSHIP AWARD APPLICATION

(PLEASE PRINT OR TYPE)

• PERSONAL INFORMATION

Student's Full Name	Last (Family)	First		Middle	Preferred to be called
Mailing Address:					
	Number, Street or P	ost Office Box			
Telephone:	City	E-mail Ad	State	Zip Code	County (if Kentucky)
Guidance Counselor'	s Name:				
Grade Point Average	:		_ ACT or SAT	Score:	
	n a separate sheet o d responsibility in:	f paper – describe your in	volvement and lis	st your activities includ	ing specific positions of
leadership an 3. Please reque	d responsibility in:	a. High School mendation from your p	b. Church	c. Community	
 Please reque leader to writ 	d responsibility in: st a letter of recom	a. High School mendation from your p	b. Church	c. Community	
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Fax: 270.789.5071 Phone 270.789.5220 email:admissions@campbellsville.edu

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