

Seventh Day Baptist Memorial Fund
Scholarship Application
Lois M. Wells Music Education Scholarship

Date _____

Applicant: _____

Home Address: _____ Present Address: _____

Phone/ e-mail _____

Church Membership: _____

The pastor of the church the applicant is presently attending should submit a letter confirming active involvement in the church (See Guidelines #3.)

College or University: _____

Major: _____

Address: _____

Academic Year: _____ Date Terms Begin: _____

Educational Costs Per Year: Tuition and Fees _____

Room and Board _____

Books _____

Previous service to church or denomination: _____

Future plans for service in Music Education: _____

Return completed application to:
Scholarship Committee
Seventh Day Baptist Memorial Fund, Inc.
P.O. Box 1678
Janesville, WI 53547-1678

Signature of Applicant

For Office Use Only						
Pastor's Letter Recd.	_____	Approved.	_____	Amount	_____	
Check #	_____	Amount	_____	Date	_____	Check# _____ Amount _____ Date _____