

You must be a member of a participating Cumberland Baptist Associational Church to apply for this scholarship.

## LEANN FAMBROUGH SCHOLARSHIP APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

CBA Church Membership: \_\_\_\_\_

How long have you been a member of this church? \_\_\_\_\_

List ministries in which you are involved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Purpose for scholarship request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How much requested: \_\_\_\_\_

References:

Pastor: \_\_\_\_\_ Friend: \_\_\_\_\_

Other: \_\_\_\_\_ Other: \_\_\_\_\_