

# RATLIFF MEMORIAL SCHOLARSHIP

## CHRISTIAN SERVICE SCHOLARSHIP APPLICATION FORM

NAME: \_\_\_\_\_

PHOTOGRAPH

ADDRESS: \_\_\_\_\_

STREET

CITY

PARENT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DATE OF GRADUATION: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

### JUDGING CRITERIA

#### 1. CHURCH MEMBERSHIP:

a. When did you become a member of True Light Baptist Church?

\_\_\_\_\_

b. How often do you attend? \_\_\_\_\_

#### 2. SUNDAY SCHOOL:

a. Are you a member of the Sunday School? \_\_\_\_\_

b. What class are you a member of? \_\_\_\_\_

c. How often do you attend? \_\_\_\_\_

d. How many years have you attended? \_\_\_\_\_

#### 3. OTHER ORGANIZATIONS:

In the space below, please list all church organizations and activities you regularly participate in since joining the church: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### 4. LEADERSHIP (Offices held, if any.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. REFERENCES: Please attach letters of references. The letters should verify that you were a participant in each organization you served or held an office in.