THE STEPHEN AND HELEN DRYSDALE MEMORIAL SCHOLARSHIP APPLICATION

Name		Sex M F	
Address		City	Zip
Date of Birth	Phone Num	ber	
Email Address	Name	of Parents	
Parent's Adjusted Gross Income (F	orm 1040)		
Number of brothers and sisters atte	nding college	next year	
Number of brothers and sisters still (Married applicants should supply idependents rather than parents)			selves, their spouse and
Information for College, University Name			
Phone Number Degree, Certification or License sou			
University, College or school stude			
For all information below please att	tach an additio	nal sheet if mo	ore room is needed.
Have you received other scholarship If so please list with the value of each	ch	1	
List all school activities in which yo		pated during h	

Work Experience Employer/Position	From mo/yr	To mo/year	Hrs per week	Doid (vec or
Employer/Fosition	T TOILI IIIO/ y1	10 mo/year	This per week	raid (yes of
Make a brief statemen career objectives and l		our plans as they	relate to your e	ducational and
Do you belong to a loc If yes, provide the nam If applicable what acti	ne of the church		hrough your loca	al church
Are you presently livin				
Are there circumstance If so please explain bel	17.1	r financial need	s greater than ot	her applicants
		<u> </u>		
Please provide 2 refere Name Ad	nces from people v	who are teachers	s, pastors or com Phone Numbe	
Please attach a current school graduates must a	also attach their of	ficial scores from	m the ACT and/	or SAT exams

Scholarship Selection Committee Trinity Southern Baptist Church 13537 Church Road, Versailles, MO 65084

which are incomplete may not be considered.