



APPLICATION FOR POWELL-DUFFELL SCHOLARSHIP
For Academic Year 20__ - 20__

1. Name _____ Date _____
2. Address While In School _____
 Phone # _____ Email Address _____
3. Permanent Address _____
4. Name of Arkansas School _____ Location _____
5. Are You A Full-Time Degree Candidate ()Yes ()No
 If so, what degree? _____
6. Will you be a sophomore or junior in the year for which you are applying for the scholarship? ()Yes ()No
 If so, what will be your classification? _____
7. Are you a member of a church affiliated with the Arkansas Baptist State Convention? ()Yes ()No
 If so, how long have you been a member? _____ Name of church _____
8. Pastor's Name _____ Address _____
(Note: If you are currently serving as a pastor, use the DOM for your association).
9. List all educational institutions attended (include your current school):

<u>INSTITUTION</u>	<u>LOCATION</u>	<u>YRS ATTENDED</u>	<u>G.P.A.</u>
10. List campus groups or activities in which you are active _____
11. List academic honors in which you have received _____

12. Are you preparing for vocational Christian ministry?
()Yes ()No If so, what type of ministry? _____

13. List below the names and addresses of two persons as references (no relatives) such as employer, counselor, teacher, church staff person, etc.. Note: Please give your references the *Applicant Reference Form* to complete.

(1) _____
Name Address

(2) _____
Name Address

Application should be mailed to **ARKANSAS BAPTIST FOUNDATION, 10117 Kanis Road, Little Rock, Arkansas 72205** no later than **March 1**. The Foundation encourages applicants to mail their application via certified mail.