

Larry Wynn Scholarship Fund Application

Personal Data

Name _____
Last First Middle

Maiden Name, if applicable _____

Address _____

City _____ State _____ Zip _____

County of Residence _____

Day Phone _____ E-mail Address _____

Night Phone _____

Are you a member of Hebron Baptist Church? Yes No

How long have you been a member/attended _____

Are you a U.S. citizen? Yes No

Date of Birth _____

Sex Female Male

Education

Last high school attended _____
Name of School City State

Have you graduated from high school? Yes When? _____

No Date of graduation _____

You must request **official** transcripts from the most recent institution attended and they must be mailed by the releasing institution or hand delivered in an unopened envelope (sealed by the releasing institution) to Hebron Baptist Church, P.O. Box 279, Dacula GA 30019, Attn: Human Resources

Highest grade level completed _____

List ALL postsecondary institutions you have attended (List last institution first.)

Name of Institution	City	State	Attended		Type of Degree Received
			From Month/Year	To Month/Year	

(Attach additional sheets if necessary)

I certify that the foregoing information contained in this application is true and correct. I understand that misrepresentation or omission of information will be sufficient cause for rejection.

Signature

Date

