

3901 Frisco Avenue ● Irving, TX 75061

* Office: (972) 790-8421 ● FAX: (972) 986-6590
* EMAIL: bwbcscholarships@gmail.com

 **Robert Blackburn Continuing Education Book Scholarship Application**



**Student Information:**

Applicant’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle Initial

 Applicant’s Complete Address:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 STREET ADDRESS

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CITY STATE/PROVINCE POSTAL CODE/ZIP CODE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone E-mail Address

**Education Information**:

Date of high school graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date semester/quarter begins: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of college/trade school attending:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Career Interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Church/Community/School Involvement:**

 List interests, activities & achievements:

 Church:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Community:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signed and submitted the attached "Assignment of Rights & Consent to Publish Scholarship Information": Yes / No

Submit completed application and required documents in an enclosed envelope to BWBC Church Administrator. There is no set deadline date for this scholarship due to the varied class schedules.

If you have questions, please contact Sherrie Sutton, Scholarship Committee Chairperson at 817-658-7163.

Submit scholarship application to: bwbcscholarships@gmail.com.

 Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 For office use only:

\_\_\_\_\_\_Application Received

\_\_\_\_\_\_Proof of Enrollment

\_\_\_\_\_\_Assignment of Rights & Consent

#  BWBC SCHOLARSHIP APPLICATION

 ASSIGNMENT OF RIGHTS & CONSENT TO PUBLISH

 SCHOLARSHIP INFORMATION

 KNOW ALL PERSONS BY THESE PRESENTS:

THAT I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby give Ben Washington Baptist Church full rights to publish my name, my pertinent family information, college I am attending, photographs that I have provided, and college update information.

I understand that by execution of this agreement, I am relinquishing my rights to any compensation for reproduction, publication or use of the above information by Ben Washington Baptist Church in its print or electronic correspondence, catalog, or on its website.

I hereby specifically waive my right to review or approve THE MODIFICATION of the above Information. (Modifications may be made to accommodate size or content restrictions. Modifications will not be made to “distort” or “falsify” any information provided.)

I understand that this Agreement in no way obligates Ben Washington Baptist Church to publish or use the above-described information.

**EXECUTED this date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**By:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Print Name)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature)