

GEORGE GARRETT GRANT FUND

Name: _____ Student ID # _____

DOB: _____ SSN: _____

Address: _____

Phone: _____

E-mail Address: _____

Name of Home Church: _____

Church Address: _____

Name of Pastor: _____ Pastor's Phone: _____

Church related activities you participate (d) in: _____

Amount requested: _____

School to attend: _____

Address: _____

_____ School Phone: _____

Are you a dependent of an American Baptist Pastor? _____ No _____ Yes

By submitting this Application, I give you my permission, if you so desire, to contact my Pastor for any additional information.