

Bluefield College Virginia Baptist Housing Scholarship - Application

Student Contact Inf	ormation:	
First:	Middle:	Last:
Street:		
State:	Zip code	:
Phone:	I	Email:
Student Signature:		
Church:		
Full Church Name: _		
Senior Pastor Name:		
Phone:		Email:
Contact Information	ı for Guardian/Minister E	Employed by a Virginia Baptist Church:
First:	Middle:	Last:
Street:		
State:	Zip code	:
Position/Title:		
Years Employed in th	e Ministry:	
□ I am a minister of a	a Virginia Baptist church an	nd my church will provide a letter to Bluefield College
detailing my position	with the church.	
Signature:		
Please return this applicat	tion and the associated document	ation to Bluefield College by mail, fax, or email no later than August
1st, 2019. Your application	n will be promptly reviewed, after	which you will be contacted by a member of our Admissions team to
discuss the outcome. Than	k you again for taking the time to	apply for this wonderful scholarship opportunity. You will be hearing
from us soon!		