Mt. Carmel Baptist Church
Scholarship Renewal Form
(College/Vocational-Technical Students)

Deacon_____

Applicant's Name_____
Last First Middle

Student Contact Number_____

College_____

Semester_____

Semester GPA_____ Cumulative GPA_____

Community Service_____

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APPLICANT SIGNATURE_____ DATE_____

PARENT(S) SIGNATURE_____ DATE_____

TREASURER_____ DATE_____

CHAIRPERSON_____ DATE_____

PASTOR_____ DATE_____

PLEASE ATTACH A COPY OF YOUR MOST RECENT GRADE REPORT