

Park City Baptist Church
Trudy Miller Memorial Scholarship
2025 – 2026 Application
 2809 Huntsville Highway
 Fayetteville, TN 37334
 931.433.6374
pcbc2809@gmail.com
www.parkcitybaptist.net

Scholarship

The value of each scholarship will vary according to the returns on invested funds and the number of qualified applicants. Applicants must be a resident of Lincoln County, TN or North Madison County, AL, or members of Park City Baptist Church.

Application Procedure

1. Applications may be picked up at the church office or may be acquired from the church website.
2. Completed applications, current school transcripts, a letter of recommendation from your current pastor, a written statement of faith, and an essay on why you deserve the scholarship and how you will use your education/training for the Lord's work, must be returned to the church secretary by **12 pm on April 1st** of the year of the award. Please check with the church office to verify that your application has been received. It is preferred that applications be typed. Additional paper may be used if more room is needed for any responses.
3. After reviewing all applications, the Scholarship Committee will contact all applicants by mail.
4. This application is for one academic school year; however, a student may reapply in following years if qualifications are met.
5. Applicants who have previously been awarded a scholarship from this fund may reapply by resubmitting the application and current school transcript (no need to resubmit the pastor recommendation, essay, or statement of faith).

Personal/Contact Information

Name: _____

Home Address, City, State, Zip: _____

College Address, City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Parent(s)/Guardian(s) Name: _____

Home Church: _____

Pastor: _____

Home Church Address: _____

Home Church Phone Number: _____

Academic*

Name of High School: _____

Date of Graduation: _____ High School Grade Point Average: _____

Name of College: _____

College Status as of Current School Year (circle one):

Freshman Sophomore Junior Senior

Cumulative College Grade Point Average: _____

Major: _____ Minor: _____

Do you plan to attend college as a full-time student for the upcoming school year? _____

If yes, which school? _____

If you are attending vocational school, what school? _____

What vocation training? _____

Have you received a Trudy Miller Memorial Scholarship in the past? _____

If yes, what date was it awarded? _____

List any other Scholarships you anticipate receiving:

Name of Scholarship:	Expected Amount:	To Be Used For:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Please include a copy of your academic transcripts (from high school or college as appropriate) with this application. By this application, I authorize the Scholarship Committee to verify my GPA, credits, and class load.

Thank you for applying for a Trudy Miller Memorial Scholarship!

Scholarship Application Checklist:

- _____ Completed Application
- _____ School Transcript
- _____ Pastor Recommendation Letter

Your Signature

Date