



North Enoree Educational & Missionary Baptist Association
Request for Student Funds

Application

Name of Student _____

Address _____

City/Town _____ State _____

Phone _____

Student's Signature _____

Name of Church _____

Address _____

City/Town _____ State _____

Pastor's Name _____

Phone: _____

Pastor's Signature _____

Parent's Name _____

Address _____

City/Town _____ State _____

Phone: _____

Parent's Signature _____

Name of College or Institution Attending: _____

Address _____

City/Town _____ State _____

Phone _____

Attach copy of your School ID Card, Current School Grades or Letter From School Registrar.
Completed & signed application (along with all required documents) must be received on or before December 31, 2017. No Applications will be accepted after January 1, 2018.

Mail to North Enoree Baptist Association, Post Office Box 2122, Taylors, S. C. 29687