

THE JOHN W. BLAND MEMORIAL SCHOLARSHIP APPLICATION



Fighting for the rights and privileges of others was a legacy of John W. Bland. He also found a joy in assisting youth to seek higher education/vocation. This scholarship is presented to a 2024 high school graduate attending **Bethany Baptist Church, SBC** in memoriam of the life and legacy of John W. Bland.

Criteria for Scholarship Qualification

1. Must be a regular attending **member** of Bethany Baptist Church, SBC.
 2. Must have been a member for at least six (6) months prior to the scholarship application's deadline date.
 3. Must be an active participant in at least one church activity/ministry, attending/participating at least once monthly.
 4. Must present **official transcript with application on or before April 29, 2024** to Mother BETTY BLAND
email: bblandjo@aol.com or fax: 281-225-0109
 5. Must enroll in an institution of higher learning (university or vocational).
Registration receipt and class schedule must be presented to BETTY BLAND as proof of enrollment before money is disbursed.
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THE JOHN W. BLAND MEMORIAL SCHOLARSHIP

Application (Print only)

NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

NAME OF FATHER/GUARDIAN: _____

NAME OF MOTHER/GUARDIAN: _____

HAVE YOU APPLIED FOR ADMISSION TO A UNIVERSITY/COLLEGE/VOCATIONAL SCHOOL?

IF YES, LIST SCHOOLS IN THE SPACE PROVIDED BELOW:

HAVE YOU BEEN ACCEPTED?

CHECK ONE:

YES NO

YES NO

YES NO

ARE YOU A REGULAR ATTENDING MEMBER OF BETHANY BAPTIST CHURCH, SBC? CHECK ONE: YES NO

WHEN DID YOU UNITE WITH BETHANY BAPTIST CHURCH, SBC? MONTH/YEAR, IF POSSIBLE: _____

YOU ARE AN ACTIVE MEMBER OF WHAT BETHANY ACTIVITY/MINISTRY? (ATTENDING/PARTICIPATING AT LEAST ONCE PER MONTH)

TEACHER'S/ DIRECTOR'S NAME (PRINT)

TEACHER'S/ DIRECTOR'S SIGNATURE

I understand I must return the completed application with official transcript on or before April 29, 2024. I have answered each question truthfully and to the best of my knowledge.

APPLICANT'S SIGNATURE

DATE