

NEW ENGLAND BAPTIST COLLEGE

WORK SCHOLARSHIP REQUEST

STUDENT INFORMATION

Fall Spring Year _____

Name _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Phone number () _____ Date of birth _____

Freshman Sophomore Junior Senior Graduate

Number of work scholarship hours requested per week: 10 15 20

Current occupation _____

Employer _____

Job skills (typing, computer, etc.) _____

FAMILY INFORMATION

Father's name _____ Home phone () _____

Current occupation _____ Employer _____

Mother's name _____ Home phone () _____

Current occupation _____ Employer _____

Names and ages of dependent brothers and/or sisters _____

REFERENCES

Pastor _____ Phone () _____

Name of home church _____