

NATIONAL BIBLE QUIZ

WWW.BIBLEQUIZ.AG.ORG

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FAX 417.862.1693

SCHOLARSHIP FUNDS REQUEST FORM

Students must submit one copy of this form each time they request funds. Forms must be typed or printed in black or blue ink.

SCHOLARSHIP RECIPIENT INFORMATION

Name _____
Last First Middle Initial

Mailing Address _____
Number Street Apt. City State Zip

Graduation Year _____ Home Number _____ E-mail Address _____

PARENT/GUARDIAN INFORMATION

Name _____
Last First Middle Initial

Mailing Address _____
Number Street Apt. City State Zip

Home Number _____ Work Number _____ E-mail Address _____

FUNDS REQUEST INFORMATION

Institution Name _____

Mailing Address _____
Number Street Apt. City State Zip

Amount Requested _____ Please mail funds ATTN: _____

Student ID Number (if required) _____

CERTIFICATION

I certify that, to the best of my knowledge and ability, the above information is true, correct, and complete. The college or university to which I am accepted has a right to verify all information provided.

I also understand that it is my responsibility to inform the National Bible Quiz office of the time that I would like my scholarship to be made. I will provide, in writing, my school's contact information, student ID number, where and to whom the scholarship should be sent, and any other pertinent information that the Bible Quiz office needs in order to pay my award. I understand that no payment by the Bible Quiz office will be made until this form and the above information are completed and returned.

Signature of Scholarship Recipient: _____
First and Last Name Date

Signature of parent or guardian (if student is under 18): _____
First and Last Name Date