

**Application for Scholarship
Language Missions Ministries
6405 Sugarloaf Pkwy
Duluth, GA 30097-4092**

The Wanda Fanshaw Memorial Fund

Amount of Award \$ _____ Per Academic Year

Your Name _____ Date _____

Home Address _____
Street, Route, Box _____ City _____ Zip _____

Phone Number _____ TDD _____

School Name _____

Your School Address _____
Street, Route, Box _____ City _____ Zip _____

Date of Birth _____ Married _____ # of Dependents _____

How long have you lived in Georgia? _____

Name/location of your church _____

Preparing for what type of career _____

Is your school accredited? Yes _____ No _____

How difficult is it to attend school without this aid? _____

Have you applied for federal and/or state financial aid? _____

Will you be receiving federal and/or state financial aid? _____

Attach a copy of your Georgia F.A.F (Financial Aid Form).

Name/location of your high school _____

Score on SAT _____ Other such test, if any _____ Score _____

Done college work elsewhere? _____ If so, where? _____

When do you expect to graduate? _____

Are you deaf _____ hard of hearing _____

How do you communicate? Oral _____ Sign Language _____ Total Communication _____

References (pastor, school teacher/principal, church deaf ministry worker)

A. _____
Name Street City Zip

Phone Number _____ TDD _____

B. _____
Name Street City Zip

Phone Number _____ TDD _____

C. _____
Name Street City Zip

Phone Number _____ TDD _____

Comments:

Guidelines for Wanda Fanshaw Memorial Fund Scholarships

1. Must be deaf or hearing impaired.
2. Must be a resident of Georgia for more than six months.
3. Available for deaf students. Preference is for a person receiving training for Christian service – pastor, missionary, religious education, or church-related work.
4. Must have a need for scholarship aid.
5. Must be enrolled full-time or part-time.
6. Must be enrolled in an accredited school.
7. Must be a Southern Baptist.
8. Must be involved in a local church.