

Berean Bible Church
SonLife Scholarship Application



Name of Applicant: _____ Date of Birth _____

Parents'/Guardians' Names: _____

Address: _____

Phone: _____

Graduation Date: _____

What church ministries have you been involved with?

___ Awana ___ SonLife ___ Nursery ___ Sunday School

___ Music ___ Missions ___ Other _____

Where do you plan to attend college? _____

Briefly describe your walk with the Lord:

How have our Senior High ministries helped you grow as a Christian?

Please attach two reference forms and return to the Church Office no later than **April 15, 2024**.

Broken Bow Berean Church – P.O. Box 27 - Broken Bow, NE 68822

office.bbberean@gmail.com

Berean Bible Church
SonLife Scholarship Reference
To be completed by a Teacher/Adult/Peer
Unrelated to the applicant



To be completed by applicant:

Name of Applicant: _____ Phone: _____

Address: _____

To be completed by reference:

Please answer the following questions to the best of your ability:

How long have you know the applicant? _____

How would you rate the applicant's personal character?

Above reproach Above average Average Below Average

Describe the applicant's character:

Please write a general statement of reference concerning the applicant.

Reference given by: _____

Please return to the applicant or to the Church Office no later than **April 15, 2024**.
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