Administration Section Only - Do Not Write in this Section				
#_____	Transcript [ ]	Aptitude Test [ ]	Recommendation [ ]	Essay [ ]

DR. MARTIN LUTHER KING, JR. SCHOLARSHIP PROGRAM

"DR KING'S DREAM, A TESTAMENT OF HOPE"

SAINT JOHN'S BAPTIST CHURCH
Woburn, Massachusetts

DR. MARTIN LUTHER KING, JR. UNDERGRADUATE SCHOLARSHIP APPLICATION

PERSONAL INFORMATION (please print)

NAME _____ **BIRTH DATE** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE NUMBER _____ **E-MAIL** _____

Are you a member of St. John's Baptist Church? Yes [ ] No [ ]

Single [ ] Married [ ] Number of Dependents ___

INSTITUTION WHERE YOU PLAN ON ATTENDING (please print)

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

Planned program or course of study: _____

REFERENCES (exclude relatives)

NAME _____ **PHONE NUMBER** _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

NAME _____ **PHONE NUMBER** _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

BIOGRAPHICAL SKETCH _____

_____

_____

_____

I (We) hereby authorize the Dr. Martin Luther King, Jr. Scholarship Committee to verify any and all information submitted in this application:

APPLICANT _____

PARENT OR GUARDIAN _____

(Required for applicants under 18 years old)

MAIL APPLICATION

Saint John's Baptist Church
Dr. Martin Luther King, Jr. Scholarship Committee
38-40 Everett Street
Woburn, Massachusetts 01801
Office: (781) 935-4314
Web Site: https://sjbc.info