



Rev. Stanley A. Smith, M. Div.  
Moderator

*MT. HERMON MISSIONARY BAPTIST ASSOCIATION*

*HOMER E. SMITH SCHOLARSHIP APPLICATION*

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Church Where You Are a Member: \_\_\_\_\_

What Auxiliaries are you a member of? \_\_\_\_\_

\_\_\_\_\_

Name of Post-Secondary School you are currently enrolled in: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

What is your major area of study? \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Date

.....

In the event the student/applicant is not in attendance at the Annual Awards Banquet and I (the Pastor) am not present, the designee named below is authorized to receive the scholarship check on the student's behalf and is responsible to ensure receipt by the student.

Designee: \_\_\_\_\_

\_\_\_\_\_  
Pastor's Signature