



The BAPTIST CHURCH MUSIC CONFERENCE

Application for BCMC Scholarship General Information and Instructions

The Baptist Church Music Conference so values the educational process and development of students that we are offer student scholarships to our annual meeting each year. The award covers the conference registration fee and expenses as decided by conference leadership. Scholarship recipients will be notified approximately one (1) month prior to the conference dates.

Eligibility

- Scholarships are available to college and seminary students who are planning careers in church music.
- Criteria for selection include merit as well as need.
- Applications should be submitted to Chuck Bridwell by February 1 of the conference year.

Return Completed Form by February 1 (year of conference) to:

Chuck Bridwell
BCMC Executive Coordinator
3169 Willow Creek Drive
Gainesville, GA 30504

254.722.6471
cbridwell43@gmail.com



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Application for BCMC Scholarship

Name of Applicant: _____ Birth Date: ____/____/____

Mailing Address: _____

City _____ State _____ Zip _____

E-Mail Address: _____

Phone: (____) _____

College or Seminary Currently Attending: _____

Major: _____ Emphasis: _____

Projected Graduation Date: _____

Career Plans: _____

Church You Attend: _____

Name of Minister of Music: _____

Name of Pastor: _____

Church Where Your Membership Is (if different): _____

Your Involvement in the Church You Currently Attend (include music and other ministries):

How Do You Expect to Benefit from This Scholarship:

Recommendations

We, the undersigned, fully support this applicant for financial support in order to attend the annual meeting of the Baptist Church Music Conference. Our signatures are witness to this person's character, calling, work-ethic, cooperative spirit, and active participation in the church and/or classroom. We grant permission for a representative from the BCMC to contact us by phone.

Minister of Music

Print Name: _____

Signature: _____

Phone: (_____) _____

Professor in the Area of Your Major

Print Name: _____

Signature: _____

Phone: (_____) _____

Academic Advisor

Print Name: _____

Signature: _____

Phone: (_____) _____

Other Reference

Print Name: _____

Signature: _____

Phone: (_____) _____

Relationship to Applicant: _____