

**APPLICATION**  
**JOHN DEARMIN MEMORIAL EDUCATION FUND**  
**TEMPLE BAPTIST CHURCH**  
**LODI, CALIFORNIA**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Marital Status \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Name of College/University \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Ministry Interests/Intentions/Goals:

Child Evangelism	___	Military	___
Christian Education	___	Music	___
Church Planting	___	Pastoral	___
Church Development	___	Prison Ministry	___
Discipleship	___	Rescue Mission	___
Evangelism	___	Student Ministries	___
International Field	___	Foreign Missions	___
Research	___	Missions Aviation	___
Electronic Media	___	Ethnic Minorities	___
Handicapped	___	Other	___

Provide detail to better define above

How long have you been a member of Temple Baptist Church?

How long have you sensed God's leading in this area?

What are your plans for achieving these goals?

**Spiritual Background and Information**

How long have you been a Christian? Please write a brief personal testimony (continue on back as necessary):

List any Christian activities you have been involved in (youth clubs, Bible studies, Sunday School, evangelism, etc.) either at TBC or elsewhere:

What are any prayer requests you might have relative to your education?

Name/address of school or educational program for which funds are being request (if different from above):

What are your education goals?

**Work History**

<u>Company</u> _____	<u>Job Title</u> _____	<u>From</u> _____	<u>To</u> _____
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**School History and Plans**

High School Transcripts attached?      Yes            No          
College Transcripts attached?            Yes            No          
Credits completed last school term             
Credits planned next school term             
Hours of employment per week planned             
Living accommodations planned next school term (explain):

**Financial Arrangements**

Enter your anticipated expenses and sources of funds for the upcoming school year below (estimate as best possible).

<u>Requirement</u>	<u>Cost</u>	<u>Source of Funds</u>	<u>Amount</u>
Housing			
Transportation			
Medical			
Clothing			
Entertainment			
Tuition			
Books & Fees			
Giving			
Other			
TOTAL			

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*Completion and submission of this form does not guaranty disbursement of funds.*