**Second Baptist Church Graduates' Recognition Program**
**Registration & Information Form**
**Deadline to return form for inclusion in program: Wednesday, May 17, 2023**
***(Fillable form)***

Full Name_____
First Middle Last

Parent(s)/Guardian(s) Name_____

Address_____

Home Phone_____ Cell Phone_____

Student or Parent Email:_____

**Graduation Level** ☐ Pre-Sch/K ☐ Elementary ☐ Middle School ☐ High School
***(check appropriate box)*** ☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctoral Degree

**Pre-School, Elementary or Middle School Graduate:**

What would like to do (career) when you are older?_____

**High School Graduate:**

High School Graduation From:_____

Honors/ Awards_____

_____

Future plans/goals: (Include college attending/major and/or career plans after graduation.)_____

_____

_____

**What scripture or quote gives you inspiration**?_____

_____

**Vocational/College/Post Graduate Level:** (Check one)

Degree Earned: ☐ **AA** ☐ **BA** ☐ **BS** ☐ **MA** ☐ **MBA** ☐ **M.Ed.** ☐ **Ed. D** ☐ **Ph.D.**

Name of College/University_____

Major / Area of Concentration_____

Future plans / career goals_____

_____

**What scripture or quote gives you inspiration**?_____

_____

If you would like to invite a special teacher or school official to Graduates' Recognition Day, please list their name and mailing address_____

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**Any questions email sbcscholarshipcommission@gmail.com or text Kathy Jackson @ 626-676-0465.**

**Email completed registration form to sbcscholarshipcommission@gmail.com.**

**or mail to Second Baptist Church, P.O. Box 479, Monrovia CA 91017 by deadline of Wednesday, May 17, 2023.**