# Mount Pisgah Baptist Church

# Grade Point Verification Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant’s Name** | **Applicant’s Street**  **Address** | **City** | **State** | **Zip** |
|  |  |  |  |  |

**Student ID Number**

To the High School Official:

I am applying for a Mount Pisgah Baptist Church scholarship. I request that the following information be released to the addressee below:

1. GPA:

2. Class Rank:

**Please return this form as soon as possible but NO LATER THAN April 15th** **to:**

**Mount Pisgah Baptist Church**

**Attn: Scholarship Committee**

**310 Green Street,**

**Orangeburg, SC 29116**

**For additional information, contact Mount Pisgah Baptist Church at**:

**Phone: (803) 536-1547**

**E-Mail: mtpisgahchurch@sc.twcbc.com.**

**Website: WWW.mtpisgahfaith.com**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Official Title