

CHANGE OF INFORMATION FORM

Email the completed form to fabcscholarships@gmail.com

Please complete this form to apprise the Scholarship Committee of any changes associated with your college/university and/or your contact information.

Student's Name (Please Print): _____
First Name Last Name



College/University:

Please be advised that I have changed schools. I am now attending:

Name of Institution: _____

Location: _____
City State



Address:

Please be advised that I have a change of Address. My new address is:

Address: _____

City, State & Zip Code: _____



Email and/or Phone Number(s):

Please be advised that I have changed my email address and/or telephone number. My current information is:

Email Address: _____

Contact Numbers: Cell (____) _____ - _____ Home (____) _____ - _____

Student's Signature: _____ Date: _____



FRANKLIN AVENUE BAPTIST CHURCH
SCHOLARSHIP COMMITTEE

Revised February 2023