



## FRANKLIN AVENUE BAPTIST CHURCH SCHOLARSHIP CHURCH ATTENDANCE “WATCH CARE” VERIFICATION

**TO THE STUDENT:** This form must be completed and signed **by the Pastor of the Church** where you have joined and are attending under Watch Care.

**TO THE PASTOR:** Thank you in advance for taking the time from your busy schedule to verify church attendance for our student who is attending your church while away from home. We do appreciate you receiving a member of the Franklin Avenue Family, as well as, extending the spiritual nurturing and fellowship necessary for continued growth in the faith.

\_\_\_\_\_  
Student's Name (Please Print)

\_\_\_\_\_  
Name of Pastor (Please Print)

\_\_\_\_\_  
Name of Church

\_\_\_\_\_  
Phone Number of the Church

\_\_\_\_\_  
Address of the Church (Street Number, City, State, Zip Code)

**Student regularly attends church service.**  Yes  No.

**(Optional)** Use space below to express any additional comments, if you desire to do so. Attach an additional sheet if necessary.

\_\_\_\_\_  
Type Pastor's Name as Certifying Representative

\_\_\_\_\_  
Date

**\*\*Please attach this form to the applicant's online Franklin Avenue Baptist Church Scholarship application. The submitted file name should include the applicant's first and last name. The Watch Care document must be received online by the **July 4<sup>th</sup> deadline**\*\***