

## Church Membership Organization Form

To: Hutchinson Missionary Baptist Church  
Scholarship Committee

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

Organization: \_\_\_\_\_

I am \_\_\_\_\_, advisor of \_\_\_\_\_  
(Print Advisor's name) (Organization)

\_\_\_\_\_ is currently and has  
(Student's name)

been a member of this organization since \_\_\_\_\_.  
(Date)

\_\_\_\_\_  
(Advisor's signature)

**NOTE: It is the candidate's responsibility to have a copy of this form completed by each advisor of your church organizations to prove member participation. Participation must exceed more than three (3) meetings.**

**ADVISOR: PLEASE SUBMIT THIS FORM TO THE EMAIL ADDRESS LISTED BELOW  
HMBCScholarship@gmail.com**