

SBC Scholarship Recipient Final Evaluation

To be completed by scholarship recipient within two months of graduation.

Please complete this evaluation and e-mail to go@hpbaptist.net.

Name: _____ Church membership: _____

Seminary: _____

Degree you completed: _____

Dates you were enrolled: _____

What was the impact of completing this degree on you personally/professionally?

What was the impact of completing this degree on your ministry/church?

How have you grown in your walk with God as a result of completing this degree?

What do you plan to do to continue your education?

Do you have any ways we can pray for you and your family?

Type your initials



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Date



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