

SHILOH MISSIONARY BAPTIST CHURCH

P. O. BOX 245, Fort Valley, GA 31030

Telephone: (478) 825-7581

GRADUATE INFORMATION FORM

Please print, using blue or black ink.

Name: _____
(Last) (First) (Middle/Maiden)

Date of birth: _____ Current Age: _____

Residential Address: _____

Home telephone: _____ Cell/Mobile Telephone: _____

Are you a member of Shiloh? Yes No

Name of Graduating Institution: _____

Address: _____

Institution's Telephone Number: _____

Level of Education (Choose the most recent level)

Pre-High School Promotion: _____ Date: _____

High School Graduation Date: _____

Business or Technical College Graduation Date: _____

Degree or Major: _____

Undergraduate (4-year) College/University Graduation Date: _____

Degree or Major: _____

Graduate College/University Graduation Date: _____

Degree or Major: _____

Name(s) of Parent(s) or Guardian(s): _____

Telephone Number: _____

Signature of Graduate: _____ Date: _____