



Scholarship Application

Section I

First Name ↓	Last Name ↓	Last 4 of Social Security #
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth: _____ Church Membership: I am a member My parent/guardian is a member

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____ Parent's email: _____

High School: _____ Grade Point Average: _____ SAT/ACT Scores: _____

Have you applied to college? Yes No Have you been accepted? Yes No

Please indicate the colleges to which you have applied and indicate where you have been accepted:

Your signature at the bottom of this form gives the scholarship committee authorization to have the college or university release any financial aid information that may be required in determining scholarship eligibility.

Section II

SHORT ANSWER – On a separate sheet of paper, please submit answers to the following questions.

1. What are your educational goals/plans? Why have you chosen this field?
2. What are your personal characteristics that will contribute to your success in attaining your education and career goals?
3. How do you plan to pay for your education? Any extenuating circumstances?
4. What school, community, or church activities have you participated in?
5. How do you plan to maintain and strengthen your relationship with God while you attend college?

Section III

Each applicant who wants to be considered for a scholarship must fill out (or parent fill out) the FAFSA information on their web site. We request that you return a copy of the first page of their report showing the EFC (Expected Family Contribution) with this application.

I certify that the information provided in this scholarship application is true and correct.

Signature

Date