

GRACE BIBLE FELLOWSHIP CHURCH

CHRISTIAN COLLEGE SCHOLARSHIP FUND APPLICATION

Please complete this form and submit it to the Chairman of the Christian Education Committee before June 1st. *(Please Print)*

Name _____ Date _____

Address _____

Phone _____
(day) _____ (evening) _____ (cell) _____

Email Address _____

1. Have you read the "Policy for Christian College Scholarship Fund" and understand the qualifications, especially as it relates to membership, choice of school, and grade point average? _____

2. Are you a member of Grace Bible Fellowship Church? _____
If not, can you give us a name of an immediate family member who is? _____

3. Do you wish to have the money sent directly to the school or to yourself? _____

4. If it is to be sent to the school, please indicate:

Name of school you will be attending

Address of school

Name to whom the check should be directed

5. Is there paperwork that must accompany the check? _____

6. At this point, do you know what your career path will be? _____
If yes, please indicate _____

7. Provide a brief testimony of your salvation. (Use the back side of this sheet.)