

JACKSON FREE METHODIST CHURCH
APPLICATION FOR CHRISTIAN COLLEGE SCHOLARSHIP
DEADLINE DATE: FEBRUARY 10, 2019

Applicant's Name _____

Applicant's Social Security Number: _____

Applicant's Home Address: _____

Applicant's Home Phone Number: _____

Applicant's Email: _____

Parents' Names: Father _____ Mother: _____

Grade Point Average in High School: _____ In College: _____

Name of the college where this scholarship will be used: _____

Year in college this Fall: _____ Major: _____

In what Youth Service Activities are you involved?

On an attached sheet, please provide a statement of your faith, your relationship with the church, and your views on God's will for your life.

Also, attach two letters of recommendation from pastors, teachers, coaches, employers, etc., or email them to dnrobbie@yahoo.com

Your Statement of Faith can be attached to this form or emailed to dnrobbie@yahoo.com

If you would like an application emailed to you, send a request to jfmchurchoffice@gmail.com

Signature of Applicant: _____

Printed Name of Applicant: _____

Date: _____