

CENTRAL CHURCH OF CHRIST SCHOLARSHIP PROGRAM - Application

Applicant Information

Full Name:						Date	Date:			
	Last				First		M.I.			
Address:										
	Street Address					Apartment/Unit #	Apartment/Unit #			
	City						State	ZIP Code		
Phone:	()			E-mai	l Addr	ess:			
US Citizen:		YES	NO	SSN:	Not Rec	luired	Date of Birth:			
Are you curre so, what is y							Student ID Number:			
Name/Addre Financial Aic										
Are you a High School Senior?					YES	^{NO} If	yes, are you scheduled to graduate before the end of June of the current year?	YES	NO	
Have you ever applied for this scholarship before?					YES	NO	If yes, when?			
Have you received any other financial award or grant? What is your Proposed Major:				ncial	YES	NO	Name And Type:			
	-									

Have you been accepted? If so, when will you begin classes?

	Education			
	Address:			
To:	Did you graduate?	YES	NO	Degree:
T	Address: Did you	YES	NO	Damas
10:	0			Degree:
To:	Address: Did you graduate?	YES	NO	Degree:
	To:	Address: Did you To: graduate? Address: Did you To: graduate? Address: Did you	Address: Did you YES To: graduate? Address: Did you YES To: graduate? Address: Did you YES Address: Did you YES	Address: Did you YES NO To: graduate? Image: Comparison of the second se

List academic honors or any special recognition received in high school or college:



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Essav:

Please attach a separate essay expressing how your current course of study relates to the fulfillment of your goals as a Christian? How will you use your education to Glorify the Lord and/or further the work of the Church?

Church Information						
Church Membership:						
Are you active in YES any Church Activities/Ministries:	NO If Yes, please list Activities/Ministries:					
	References					
Please list three personal refere	nces.					
Full Name:	Relationship:					
Organization:		Phone: ()				
Address:						
Full Name:	Relationship:					
Organization:		Phone: ()				
Address:						
Full Name:	Relationship:					
Organization:		Phone: ()				
Address:						
Employment	or Military Service (if currently employed or	enlisted)				
Company:		Phone: ()				
Address:	Su	pervisor:				
Job Title:	Starting Salary: \$ N\A	Ending Salary: \$ N\A				
Responsibilities:						
From:	To: Reason for Leaving:					
Will you be working while in school		Full or Part Time?				
Disclaimer and Signature I certify that my answers are true and complete to the best of my knowledge. If this application leads to an award, I understand that false or misleading information in my application or interview may result in a cancellation of the award. Furthermore, I give the Scholarship Director permission to contact my school to verify the information provided in this application and to request any additional information needed.						
Signature:		Date:				



Important Notes:

To submit a completed scholarship application, please send the following to ccocscholarship@gmail.com or on our website at https://www.ccocmd.org/scholarship:

- Central Church of Christ Scholarship Program Application
- Central Church of Christ Scholarship Program Application Essay
- A copy of your most recent <u>grade report</u> or <u>transcript</u> (minimum of 3.0 CUM GPA)
- A copy of your <u>acceptance letter(s)</u> if you have been accepted to college
- At least one Letter of Recommendation (more than one not required but helpful)
- A 3x5 photo of yourself