

Castle Rock Christian Church Scholarship Application Form

Personal Information:

Name _____ Date _____
Address _____ Phone _____
_____ Age _____
Spouse's name (if applicable) _____
Name of parent or guardian (if applicable) _____
School you will be attending _____
Address of the School _____

Financial Information:

1. How will your education be financed? Self ___ Parent ___ Other ___ If other please explain

2. Occupation of parents.

Mother _____
Father _____

Number of children in family _____
Number of children attending post-secondary schools _____

3. List of scholarships, grants and aid that you will receive and amounts.

4. Describe your anticipated annual need for this scholarship:

Tuition: _____
Books/Fees: _____
Housing: _____
Food: _____
Transportation: _____
Other: _____
TOTAL: _____

5. List names, addresses and phone numbers of three persons whom we may contact for a personal reference from the list below.

a) A Pastor/leader of the Christian church you currently attend:

Name _____

Address _____

Phone # _____

b) High School teacher/administrator or college professor:

Name _____

Address _____

Phone # _____

b) Castle Rock Christian Church member:

Name _____

Address _____

Phone # _____

6. What was your cumulative grade point average? _____

Future Educational Plans:

Institute you plan to use scholarship for: _____

Degree sought _____

Years left to complete degree _____

If a high school senior, have you been accepted to the college already? _____

Ministry and Service:

Describe your past ministry experience in your local church:

Ministry	Duration	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____

How long have you regularly attended Castle Rock Christian Church?

Please write a brief testimony of how God is leading you (if more space is needed, please attach a separate sheet to this application).

Having read the guidelines for the scholarship fund of Castle Rock Christian Church, I hereby affix my signature stating that to the best of my knowledge I qualify for consideration for the CRCC scholarship.

Signature _____ Date _____

Please Print this form, fill in answers and return this form to:

Castle Rock Christian Church
Attention: Scholarship Committee
P.O.Box 7
Castle Rock, WA 98611

This application must be received in the church office by March 1, unless otherwise extended and posted.