

Christian Service Fund Disbursement Committee

United Church of Christ, Schleswig, Iowa

FIRST YEAR Scholarship Application

Applicant Information

Name:		
Date of birth:	Cell:	Phone:
Current address:		
City:	State:	ZIP Code:
Email:	High School:	
High School Address:		
City:	State:	ZIP Code:
Parents:		
Address		Phone:

Employment Information

Current employer:		
Employer address:		How long?
City:	State:	ZIP Code:
Position:		Phone:

Tell Us About Yourself

Please check any that apply and number of years participating:

	Debate	Speech	Yearbook	Vocal Music	FCA	Student Council
	Drama	Mock Trial	Band	FFA	Nat. Honor Society	Quiz Bowl

Any Others:

SPORTS:

	BASKETBALL	BASEBALL	CROSS COUNTRY	FOOTBALL	TENNIS	TRACK
	WRESTLING	SOCCER	GOLF	SOFTBALL	VOLLEYBALL	SWIMMING

OTHER:

References

Please have references provided from two persons unrelated to you. One of these references should be from a United Church of Christ member (not a peer) and the other from your school principal, counselor or teacher. A reference form is provided. Please attach reference to application or have reference forwarded directly to church c/o CSF.

Church Activities

Please check church activities in which you have participated and number of years participating:

Candlelighter	Confirmation	Sunday School	Church work day	Bell Choir	Choir
VBS Helper	Senior Youth	Confirmation Trip	Faith Quest Helper	Usher	Other

Post High School Plans

- A. Name of school you plan to attend _____
- B. Have you been accepted _____
- C. Your anticipated major _____
- D. Estimated cost of tuition per semester _____
- E. Estimated cost for school year, including books, room & board _____
- F. What is the length of the program in semesters/years _____

Please share with the Christian Service Fund Disbursement Committee why you have chosen the field in which you intend to major _____

Transcript

Please submit an official high school transcript with your scholarship application.

Final

The Christian Service Fund Disbursement Committee thanks you for taking the time to apply for funding. We remind you that all information gathered for this application including school transcript, references and interview will and shall remain confidential. If you do not complete the semester for which payment was made, you are expected to return the full amount to the Christian Service Fund. Your signature on this application means that you have fully read the application and reference forms in their entirety. You also agree to keep your scholarship amount confidential and abide by the program as administered.

Signature

Name:

Date:

attach additional pages if necessary