

**CENTERVILLE CHURCH OF CHRIST MORRISON/NICKS SCHOLARSHIP APPLICATION**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Last                      First                      Middle

Address: \_\_\_\_\_

Street                      City                      State                      ZIP

Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_

Are you presently in college or technical school? (Circle One)    YES    NO

If yes, where and how many hours completed? \_\_\_\_\_

If no, why? \_\_\_\_\_

Are you a member of the Centerville Church of Christ? (Circle One)    YES    NO

If you are not a member of the Centerville Church of Christ, through what party do you qualify as an applicant?

\_\_\_\_\_

Name of parent(s):

\_\_\_\_\_

Is parent a member of the Centerville Church of Christ? (Circle One)    YES    NO

What Institution will you be attending for this scholarship to be sent?    (Please provide address too)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you need the maximum amount that the Scholarship Committee can award to you?(Circle One)    YES    NO

If no, please indicate amount desired \_\_\_\_\_

How many years have you received this scholarship? (Circle One)    1    2    3    4    5    6

I hereby certify that I have answered all of the above questions to the best of my knowledge and belief.

Signature of Applicant:

\_\_\_\_\_

APPLICATION IS DUE BACK TO THE CHURCH OFFICE BY: **SUNDAY, APRIL 21, 2019** (Current Seniors)  
**SUNDAY, APRIL 28, 2019** (Current College Students)  
*(Applications received after the dates above will not be accepted)*

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