

CENTERVILLE CHURCH OF CHRIST MORRISON/NICKS SCHOLARSHIP APPLICATION

(PLEASE CIRCLE CHOICES WHERE APPLICABLE)

Date: _____

Name: _____

 Last First Middle

Address: _____

 Street City State ZIP

Telephone _____

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

If yes, where and how many hours completed? _____

If no, why? _____

Are you a member of the Centerville Church of Christ? (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:

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

If no, please indicate amount desired _____

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 1, 2016 _____

(Applications received after the date above will not be accepted)
