

**CHRISTIAN COLLEGE STUDENT SCHOLARSHIP
APPLICATION FORM**

Today's Date _____

Applicant's Name: _____

Home Address:

Street _____

City _____ State _____ Zip Code _____

Name of College: _____

College Address:

Street _____ P. O. Box (if applicable) _____

City _____ State _____ Zip Code _____

How long have you been a faithful part of Tri-State Fellowship? _____

Are you a member of Tri-State Fellowship? _____ **When did you become a member?** _____

What is your planned educational major? _____

If in graduate school, what is your planned ministry career? _____

Year in college (coming school year)

Freshman _____ Sophomore _____ Junior _____ Senior _____ Fifth Year _____

Year in master's work (coming school year)

First _____ Second _____ Third _____ Fourth _____ Other _____

What is your grade point average during this current school year? (Minimum requirement is 2.0 on a scale of 4.0.) _____

What are your career goals? _____

Provide a brief overview of your spiritual journey. (If more space is needed, you may write on the back of this form or use another sheet of paper.)

Please return completed form to the office to the attention of the Church Treasurer