CENTRAL STATES CONFERENCE

COLLEGE SCHOLARSHIP APPLICATION

* Please make sure you read the Scholarship Guidelines before sending the application.
* Submit this form no sooner than September 1st and no later than October 15thof each year.
* One name per application, please. Elementary/Academy students, see Elem/Academy.

Student's name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Age \_\_\_\_\_\_\_( ) M ( ) F \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Student's Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_

Parent's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone Number ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone Number ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Status (circle one): Freshman Sophomore Junior Senior 5th year Senior Graduate

School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade Point Average \_\_\_\_\_

Home Church\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you received a CSC Scholarship before\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For what amount? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Note: Students applying for scholarships must comply with all the rules and regulations listed in the guidelines. There will be an effort to equally allocate scholarship monies throughout our Conference territory and between new and previous applicants. Please submit this application in a timely manner.

TO BE COMPLETED BY LOCAL CHURCH

Church Board Meeting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pastor's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Enclosed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for Two-Way \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_or Three-Way \_\_\_\_\_\_\_\_\_\_\_\_

DATES and SIGNATURES ARE REQUIRED ON EACH BLANK. Any application received incomplete CANNOT be processed. Applications containing false information will be considered invalid, and the applicant will be prohibited from future scholarship programs in Central States. If you have any questions, call 913-3711071.

Please mail applications and checks to:

Superintendent of Education

Central States Conference of Seventh-day Adventists, 3301 Parallel Parkway,

Kansas City, KS 66104