

SCHOLARSHIP APPLICATION

DATE SUBMITTED

STUDENT NAME _____

ADDRESS _____

PHONE NUMBER _____

LAST ATTENDED FIRST CHURCH OF GOD _____

SCHOOL ATTENDING _____

DENOMINATIONAL AFFILIATION _____

FINANCIAL AID COUNSELOR _____

PHONE _____

ADDRESS (FINANCIAL OFFICE) _____

DEGREE SOUGHT _____

YEARS OF COLLEGE COMPLETED _____

APPROVED: _____

NAME

TITLE

DATE

AMOUNT

CHECK #

DATE