



**SCHOLARSHIP
APPLICATION
2024-2025**

Name of Applicant _____ Social Security Number _____

Home Street Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

College, University, Seminary, or Vocational School to be attended: _____

Status this Fall: Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate Student ___

Course of Study: _____

Planned Vocation: _____

High School ACT Score: _____ or SAT score: _____

High School GPA: _____ College/Seminary GPA _____ Graduate School GPA: _____

Will you be employed during the school year? Yes ___ No ___

If yes, please state place of employment _____

and gross monthly income _____.

If married, will your spouse be employed during the school year? Yes ___ No ___

If yes, please state place of employment _____

and gross monthly income _____.

Will your spouse be attending school also? Yes ___ No ___

During the upcoming school year, where will you live? Home ___ Rent ___ Dorm ___ Other ___

Please list all forms of financial assistance you expect to receive for the upcoming school year.

	Name or Description	Amount
Grant:		
Grant:		
Scholarship:		
Scholarship:		
Scholarship:		
Loan:		
Loan:		
Gift (donation or personal gift):		
Gift (donation or personal gift):		
Other:		

Please share any financial circumstances you would like the Scholarship Committee to consider.

Please write a brief description of your participation in activities at CBCFC:

Please attach a brief typewritten essay (1-2 pages) telling us about yourself and describing your career goals and professional aspirations.