

Student Ministry Scholarship Fund Application Form

New Application Date _____ Renewal Application Date _____

Name: First _____ Last _____

Length of membership at WCC _____ year(s)

Name of College or University you will be attending: _____

Are you going to be on a semester or quarter system?: _____

When does your next semester or quarter start?: _____

When does it end?: _____

Current GPA from last term of college or H.S. _____

Bible related course you will be taking?: _____
(not required, but encouraged)

School address where checks can be sent: _____

E-mail address while at school: _____

Phone number at school: _____

Church Name & phone number: _____

AREA OF MINISTRY: _____

Contact Person name and phone: _____

Have you read the attached WCC Guidelines for support? Yes _____ No _____