



Applicants must reapply each academic year

SCHOLARSHIP APPLICATION

First Christian Church, 913 S. Boulder Ave., Tulsa OK 74119
Phone (918) 582-8237 FAX (918) 599-7020 www.fcctulsa.org

- PLEASE PRINT EXCEPT FOR SIGNATURE.
- ALL LINE ITEMS OF THIS APPLICATION MUST BE COMPLETED AND RECEIVED NO LATER THAN JUNE 15th IN THE CHURCH OFFICE AT THE ABOVE ADDRESS. You may fax or e-mail your application. Official Transcripts must be included and may be mailed or sent electronically from the school.

I hereby apply for a scholarship to assist in the payment of my educational costs while in full-time attendance during the academic year 20____/20_____.

PERSONAL INFORMATION

1. Name (Mr. Mrs. Ms. Rev. Dr.)

_____	_____	_____	_____	_____	_____
Last	First	Middle	Maiden		

2. Home Address _____

_____	_____	_____	_____	_____	_____
No. & Street	City	State	Zip	Phone	

3. University Address _____

_____	_____	_____	_____	_____	_____
No. & Street	City	State	Zip	Phone	

4. Date of Birth _____ 5. Marital Status: Single ____ Married ____ 6. E-Mail _____

7. No. of Dependents _____ explain _____

8. Are you a citizen of the United States? Yes ____ No ____ If no, explain citizenship _____

9. Give names, address, and phone numbers of three (3) persons in your community, such as your pastor, as character references and provide letters of recommendation.

(Do not include relatives)

(1) _____

_____	_____
Name	Address

_____	_____
Place of Employment & Position	Phone

(2) _____

_____	_____
Name	Address

_____	_____
Place of Employment & Position	Phone

(3) _____

_____	_____
Name	Address

_____	_____
Place of Employment & Position	Phone

10. If you are a returning college or graduate student, please give name, address, position and phone of your advisor.

_____	_____	_____	_____
Name	Address		Phone

_____	_____
Place of Employment & Position	Phone

11. If not a member of First Christian Church of Tulsa, referred by _____

Relationship to this person _____

12. Place of Church Membership (if applicable) _____

EDUCATIONAL EXPERIENCE

1. Name of school and/or college (begin with high school) _____ Years attended _____ Degree or Diploma _____

2. Proposed vocational goal _____

3. University/College in which you will be enrolled _____

4. Identify your degree major or area of concentration _____

5. Classification in University: Freshman ____ Sophomore ____ Junior ____ Senior ____ Graduate School _____

6. For High School Seniors Only: Grade average in High School (on 4.0 basis) _____ (Please attach transcript)

7. **For College and Graduate Students Only:** Grade average in University (on 4.0 basis) _____ (Please attach most recent official transcript and current semester grade report, including cumulative GPA.)

For Special Study Students Only: Submit a copy of your current program and certification of Pass rating for last semester.

If the most recent semester grades are not available at the time you submit application, send application now and updated transcript as soon as available, no later than JUNE 20TH.

YOUR PROPOSED BUDGET AND FINANCIAL DATA

Estimate costs and resources (include income) for the period of your request for scholarship

COSTS		RESOURCES	
Tuition & Required Fees (including out-of-state fees)	\$ _____	Personal Savings	\$ _____
Books, instruction equipment & materials	\$ _____	Net earnings during vacation saved for school	\$ _____
Room & Board	\$ _____	Part time earnings during academic year (clergy include housing allowance)	\$ _____
Lunches & Travel Expenses for Commuting students	\$ _____	Social Security Aid	\$ _____
Other Costs	\$ _____	Assistance from family	\$ _____
		Scholarships & Grants:	
		Name: _____ Amount: \$ _____	
		Name: _____ Amount: \$ _____	
		Name: _____ Amount: \$ _____	
		Stipends:	\$ _____
		Other Income:	\$ _____
TOTAL COSTS	\$ _____	TOTAL RESOURCES	\$ _____

Are there any persons financially dependent upon you? ____ If so, list below their names and relationship to you:

Describe below any other pertinent information concerning the financial assets and obligations of your family that would be helpful in assessing your financial need for the scholarship applied for:

EXTRA-CURRICULAR ACTIVITIES, HONOR, CHURCH ACTIVITIES (previous 3 years)

Organization	Years	Honors or Offices Held
--------------	-------	------------------------

REASONS FOR APPLYING FOR A SCHOLARSHIP and what use you plan to make of your education. Please include a cover letter explaining how this scholarship would help you to achieve your goals.

CERTIFICATIONS (Have you completed all required items? If not, your application cannot be accepted for review.

I affirm that the information given above is, to the best of my knowledge and belief, true and correct.

Date signed	Signature of Applicant
-------------	------------------------

Please file Scholarship Application with transcript by June 15th of each year with the Church Office or Scholarship Team Chairperson, First Christian Church, 913 South Boulder Ave., Tulsa, OK 74119. **Additional information such as final semester grades, listing of financial awards, scholarships and grants for the coming year must be received by June 20th of each year.** Scholarship Awards for the coming academic year are announced by August 15 of each year.