

# Scholarship/Discount Application

**Scholarship/Discount requested:**

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|--|---|
| <input type="checkbox"/> Get Acquainted Scholarship          | <input type="checkbox"/> ACT Scholarship                                  |
| <input type="checkbox"/> Daniel Scholarship                  | <input type="checkbox"/> Christian Service Discount                       |
| <input type="checkbox"/> Lydia Scholarship                   | <input type="checkbox"/> Student Spouse Discount                          |
| <input type="checkbox"/> Mark Scholarship                    | <input type="checkbox"/> Two Students, Same Family Discount               |
| <input type="checkbox"/> Presidential Scholarship            | <input type="checkbox"/> Internship Scholarship                           |
| <input type="checkbox"/> Founder's Scholarship               | <input type="checkbox"/> Stanley L. Bushey Biblical Languages Scholarship |
| <input type="checkbox"/> Founder's Post Graduate Scholarship |   |

Full Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Current Place of Employment \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_

Classification for the 2008 – 2009 Academic Year:  Freshman  Sophomore  Junior  Senior

Number of hours you plan to take: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ January \_\_\_\_\_ June

Student Status:  New Student  Returning Student  Transfer Student

Housing Status:  In Dormitory  With Parent/Relative  Own Residence

Marital Status:  Single  Married Number of Dependents: \_\_\_\_\_

Spouse's First Name \_\_\_\_\_ Will spouse be a student?  Yes  No

If yes, how many hours: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ January \_\_\_\_\_ June

Do you have a parent involved in full-time Christian service?  Yes  No

If yes, please explain position or ministry \_\_\_\_\_

Were you involved in a camp ministry or internship over the summer?  Yes  No

If yes, where? \_\_\_\_\_

Has a sibling enrolled in classes?  Yes  No

If yes, how many hours: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ January \_\_\_\_\_ June

Your ACT/SAT Score: \_\_\_\_\_ Your High School GPA \_\_\_\_\_ Your Cumulative College GPA \_\_\_\_\_

Financial need per semester: \$ \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Scholarship Committee Approval	
Scholarship Awarded _____	Amount \$ _____
Signature _____	Date _____
Administrative Approval	
Signature _____	Date _____