

# Scholarship Application

## Southwestern College of Christian Ministries

P.O. Box 340 • Bethany, OK 73008 • (405) 789-7661 • Fax (405) 495-0078 • E-Mail admissions@sccm.edu

**Scholarship Application**

**Financial awards may be revised at any time.**

Date: \_\_\_\_\_ School Term: \_\_\_\_\_ Classification:  Freshman  Sophomore  Junior  Senior  Able

Name: \_\_\_\_\_ Marital Status:  Single  Married Ages of children: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Degree Program and Major: \_\_\_\_\_

GPA of senior year (Freshmen only): \_\_\_\_\_ GPA last semester: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Are either of **your parents full-time** ministers?  Yes  No (If yes, please fill out the following information)

Pastor  Evangelist  Missionary  Licensed  Ordained

Denomination: \_\_\_\_\_ Conference: \_\_\_\_\_ Home Church: \_\_\_\_\_

Are **you** a minister?  Yes  No (If yes, please fill out the following information)

Pastor  Evangelist  Missionary  Licensed  Ordained

Denomination: \_\_\_\_\_ Conference: \_\_\_\_\_ Home Church: \_\_\_\_\_

Please list your vocational goals:

---

---

Please list any special talents or giftings:

---

---

Please list any civic or academic organizations you have been involved in:

---

---

Please write a short paragraph with any information that you feel would assist the Scholarship Committee in determining your eligibility and need for scholarship assistance:

---

---

---

---

---

---

---

---

List all other grants, financial aid, and funding you will receive:

Federal/State Grants \$ \_\_\_\_\_ Loans \$ \_\_\_\_\_ Personal/Family Funds \$ \_\_\_\_\_ Local Church Assistance \$ \_\_\_\_\_ Conference Assistance \$ \_\_\_\_\_

Teen Talent \$ \_\_\_\_\_ Other \$ \_\_\_\_\_