

**APPLICATION FOR WEST END CHURCH OF CHRIST
CHRISTIAN EDUCATION SCHOLARSHIP FUND**

STUDENT NAME _____

COLLEGE STUDENT NUMBER _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PARENTS/GUARDIAN _____

NAME OF SCHOOL ATTENDING _____

ADDRESS OF SCHOOL _____

CLASSIFICATION:

FRESHMAN _____ SOPHMORE _____ JUNIOR _____ SENIOR _____
OTHER _____

* Freshmen: Please attach College Acceptance Letter!

FULL TIME: _____ YES _____ NO

PREVIOUS YEAR GRADES ATTACHED: _____ YES _____ NO

CURRENT CLASS SCHEDULE ATTACHED: _____ YES _____ NO

STARTING DATE _____

I have read the "terms and conditions" of the "West End Christian Education Scholarship" and agree to abide by the standards set forth in those "terms and conditions". I understand that failure to do so could be grounds for the termination of the scholarship.

Signature _____

Date _____

This Scholarship Is Administered by the Scholarship Committee with oversight provided by the Eldership at the West End Church of Christ