

## **Scholarship Application**

4540 south 1100 west, Hudson In, 46747 (260) 351-4626 www.strohcofc.com

## **Instructions:**

- 1. Please print clearly the following information. Turn in completed application, to a SCC minister.
- 2. Please submit a copy of your semester grade transcripts.
- 3. Please submit a one page typed cover letter telling us about your college experience; specifically what you are learning, and where God is leading you.
- 4. Please submit a new application each semester.

Personal Information: Applicant Name:		
Email Address (REQUIRED to co	mmunicate award am	nount):
School Address:		
City:	State:	Zip:
School Financial Aid Phone Num	oer:	extension:
Academic Information: Name of College:		
		Circle Grade level: FR. SO. JR. SR.
Cumulative GPA:	Semester GP	A:
Intended Major:	Credi	ts taken this semester:
academic excellence in Bible and M	inistry Courses. Pleas	out their requests for further support due to se fill out all the information. In order to qualify eceived a 3.5 or higher for each class that
Class 1:		
Name of Class:		Grade earned:
Course description/what you le	arned:	
Signature:		Date

Please continue to the second page if you have additional classes you qualify for.

Class 2: Name of Class:	Grade earned:
Course description/what you learned:	
Class 3:	
Name of Class:	
Course description/what you learned:	
Class 4:	
Name of Class:	Grade earned:
Course description/what you learned:	
Class 5:	
Name of Class:	
Course description/what you learned:	

If you have additional classes, please inform us. Thank you for your application for the SCC Christian College Scholarship. You will receive notice on payment as soon as we are able to process the application.