

FAIRFIELD CHRISTIAN CHURCH SCHOLARSHIP APPLICATION

P.O. Box 61
Oakford, IN 46965
Attention: Scholarship Committee

Personal Information

Name: _____

Permanent Address: _____

How long have you been a member of FCC? _____

High School Attended: _____ Year of H.S. Graduation: _____

Telephone #: _____ Email: _____

College Information

College Attending: _____

Describe Current College Enrollment Status:

New Student: _____ not yet applied _____ applied but not yet accepted _____ accepted

Returning Student: completed _____ 1st Year _____ 2nd Year _____ 3rd Year _____ 4th Year

Field of Study/Degree: _____

Planned Next Semester Credit Load: _____ Your School's Full-Time Minimum: _____

Most Recent GPA on a 4.0 Scale: _____

Have you attended other colleges? Please List: _____

Please state your reasons for choosing this college and your field of study:

Future Plans

When do you intend to complete this degree? _____

Please describe how you intend to use your college training:

Financial Information

Estimated additional fees for the next academic year (room, meals, books & other fees):

Fall Semester: \$_____ Spring Semester: \$_____

Estimated tuition for the next academic year:

Fall Semester: \$_____ Spring Semester: \$_____

Estimated gifts available for the next academic year from other sources (grants or other scholarships): \$_____

Are there others in your family who will be attending any college during the next year? _____

If yes, please list: _____

Have you received scholarship funds from Fairfield Christian Church before? _____

If yes, please list the dates: _____

Signature: _____ Date: _____

Please return completed application along with a transcript of your most recent grades to the attention of the Scholarship Committee by July 15.