

Application for Scholarship Assistance

Faith Memorial Church • 2610 W. Fair Ave. • Lancaster, OH 43130 • 740.654.1711

Name _____

Address _____

Phone or Cell _____

College/University _____

Semester and Year _____

Available Church Matching Grants _____

Major or Undeclared _____ Current GPA _____

Christian Testimony (use back if needed) _____

This section is for use by the Scholarship Committee:

Interview Date (include comments from committee members) _____

Recommendation of the Scholarship Committee _____
