



## Community Church Scholarship Application for Educational Assistance

### Guidelines:

- \* Applicants must have grown up or currently reside in Mason County, Michigan.
- \* Applicants must plan to attend a two (2)-year community college, a four (4)-year college or university, or an accredited vocational or trade school.
- \* Scholarship funds will be paid **directly to the college**, not the student. The scholarship funds will be issued to the college or university upon receiving a certificate of enrollment for the fall semester, which includes the Student ID number and Financial Aid Office address.
- \* Applications must be received by Community Church no later than **Monday, April 8<sup>th</sup>, 2024**. Late applications will not be accepted.

Mail one copy of a completed application package to:

Community Church Scholarship Committee  
c/o Community Church  
P.O. Box 369  
Ludington, MI 49431

Applications can also be scanned and emailed to [CommunityCh49431@gmail.com](mailto:CommunityCh49431@gmail.com). The church secretary will acknowledge receipt of scholarship applications.

The applications will be reviewed and recipients selected by the Community Church's Scholarship Committee. The scholarships will be awarded **in June of 2024**. **Submission of this application also gives permission to make the applicant's name and scholarship type public.**

Students who are qualified can receive an application:

- Send a self-addressed, stamped envelope to the church office to request an application – or –
- Email the church to receive a PDF file that can be printed out.

Please submit any questions to: [CommunityCh49431@gmail.com](mailto:CommunityCh49431@gmail.com)



## SCHOLARSHIP APPLICATION 2024

To be filled out by <b>applicant</b> . Please <b>clearly print</b> your answers. <i>Use an additional piece of paper if necessary</i>		
Last Name:	First Name & Middle Name:	
Mailing Address		
Street:		
City:	State:	Zip:
Cell phone number: (       )		
Personal email address ( <u>not</u> college-issued email):		
Date of birth:    Month	Day	Year
Number of years of residency in Mason County, MI:		
Name and location of high school:		Graduation date:
High school GPA:	ACT Composite:	SAT Composite:
Current church you attend:		
Service Data (Please list and designate whether high school or college)		
School organizations / clubs / activities:		
Community Service:		
Other:		
Job experience(s), now and in the past:		
Are you currently attending college?	Y / N	Estimated 2024/25 tuition: (Do not include housing)
Name of college or university?		Current GPA:
Major or field of study:		Expected graduation date:



If you are just entering college, when do you plan to enter?		
Name of college or university if already accepted for the 2024/25 school year:		
Estimated yearly tuition (exclude housing)		
If you are still deciding, please indicate college choices: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           1.  2.  3.         </div> <div style="width: 35%; text-align: center;">           Accepted? Y / N  Y / N  Y / N         </div> </div>	Estimated yearly tuition (exclude housing) 1.  2.  3.	
What is your planned area of study (your major)?		
Describe your need for financial aid. Be as specific as possible about your financial circumstance; all information will be held in strict confidence.		
Please list any other grants and/or scholarships applied for and any awarded:		
Name & address of parent(s) or legal guardian(s): <i>(Include address if different from your own.)</i>		
Name:	Cell Phone:	Employer:
Name:	Cell Phone:	Employer:
Total family dependents (include yourself, siblings, other legal dependents):		
Two references (non-family):		
Name:	Address:	Cell Phone:
Name:	Address:	Cell Phone:
<b>On a separate paper, please write an essay (250 - 500 words):</b> Submit an informal letter to help us to know you as an individual. We would like to know why you want to go to college, what you expect from a college education, and why you could receive this financial aid - should you be granted this assistance.		



## STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent, that if chosen as a scholarship winner, my picture may be taken and published along with my name and scholarship type. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, according to The Community Church of Ludington's Scholarship policy, it is my responsibility to submit the requested documentation for the fall semester to the scholarship institution(s) which administrate the church's scholarship funds. Items requested will include a certificate of enrollment, your Student ID number, and the Financial Aid Office address.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

**Signature of scholarship applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Checklist:

- ☐ Application (filled out by student applicant)
- ☐ Essay on separate sheet of paper
- ☐ Application signed and dated by student
- ☐ Keep a copy of this application for your reference

### **MAIL COMPLETED APPLICATION PACKAGE TO:**

**Community Church Scholarship Committee  
c/o Community Church  
P.O. Box 369  
Ludington, MI 49431**

### **REMINDER:**

**Applications must be received by the Scholarship Committee no later than Monday, April 8, 2024**