



Jackson County Christian Men's Fellowship

On The Move For The Master

Scholarship Application

Mail to: JCCMF Scholarship Committee
% Brownstown Christian Church
703 West Spring Street
Brownstown, IN 47220

Must be filled out completely and postmarked no later than August 1 for fall semester and March 1 for second semester.

Date _____

Name: _____ Male ___ Female ___

Home Address: _____ City: _____ State: _____ Zip code: _____

Your Phone #: (____) _____

Home Church: _____ Minister's Name: _____

Parent Names: _____

Parent Address (if different than above): _____ City: _____ State: _____ Zip code: _____

Parent Phone #: (____) _____

Grade you will be entering: _____ College attending: _____

**If not attending an approved college (see list at bottom of page), please explain why you have chosen to attend this college:

Field of study: Minister (describe - preaching, youth, childrens, etc.): _____

Other (describe): _____

**You MUST include a recommendation completed by an Elder or Minister of your home church. (See next page.)

**You MUST include a copy of the transcript of your high school grades.

Your home church MUST belong to the Jackson County Christian Men's Fellowship.

****These apply only on your initial application (unless there are changes).**

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I realize that an application form must be submitted **every semester** that I desire a scholarship and **must include the last semester's grades**. I also realize that applications for **fall semester are due August 1**, and applications for **spring semester are due March 1**, and that I must maintain an overall 2.0 grade point average or higher to continue to qualify for this scholarship.

Signature of applicant

Approved Colleges: Central Christian College of the Bible, Cincinnati Christian University, Johnson University (Knoxville, TN), Kentucky Christian University, Lincoln Christian College, Louisville Bible College, Milligan, Ozark Christian College, St. Louis Christian College. **Applications to any other college will be subject to evaluation by the Scholarship Committee.**

Name of Applicant: _____

RECOMMENDATION FORM (for initial application only)

Signature: _____ Date: _____

Title: _____

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