 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).**

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.**

Rev. 1-19-19

**Name of Applicant**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RECOMMENDATION FORM (for initial application only)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Mail to:**

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**Brownstown, IN 47220**