



University of Christian Studies and Seminary

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Scholarship Application

All sections of this form must be filled out completely before it will be processed by UCSS

UCSS offers Scholarships to students based on a number of criteria. All funds utilized by UCSS come from donations made by private individuals. All scholarship applications are reviewed by the Scholarship and Academic Review Committee. They will base their decision on the information contained on this form.

Circle One: Mr. Mrs. Ms. Rev. Dr.

Name: (Last) _____ (First) _____ (MI) _____

Address: (Street/P.O. Box) _____

City _____ State _____ ZIP _____

Phone: (Home) _____ (Work) _____

_____ Married _____ Single _____ Single Parent Comments _____

1. Are you working full-time or part-time? _____ What is your occupation? _____

2. Number of dependents: _____ Do you own your home? _____ Yes _____ No

3. If you do not own your home, please choose one of the following: _____ Rent
Other: _____

4. My total family monthly income after taxes is: _____ less than \$1,250.00

_____ between \$1,250 and \$2,500 _____ between \$2,500 and \$3,750 _____ over \$3,750

5. My total monthly expenses are: _____

References: (Give the name, address and phone number of three, non-relative, personal references)

Name	Street/P.O. Box	City	State	Zip	Phone

Current Ministerial Activities; Please describe your current ministerial activities.

What Degree are you working toward? _____

What is your current major? _____

How do you specifically plan to use your UCSS education?

Signature _____ Date _____

DO NOT WRITE IN THIS SECTION

Scholarship Committee Sign-off

UCSS President

 Date _____
 Amount Awarded _____