

Dear Church On The Rock Scholarship Applicant,

Thank you for your interest in applying for Church On The Rock's Scholarship award. It is our desire to be able to assist with your college or other educational institutions' expenses.

To be considered for a financial award, applicants must meet the following requirements:

- Between the ages of 17 23
- Church On The Rock Member
- Active in a Church On The Rock Ministry
- Tithe to Church On The Rock
- Attending or will be attending an accredited college, university or technical school and pursuing an undergraduate degree

Please complete the attached application and return to: Jill Jacobsen, or turn in at the Lobby Information Centers. Please complete the application carefully and completely.

The deadline for submitting your application is **Sunday**, **June 7**, **2015**. Scholarship awards will be announced in mid July.

If you have any questions, please contact Jill at 636-294-7824, or via email at jjacobsen@cotr.org.

900 Birdie Hills Road P.O. Box 1668 St. Peters, MO 63376 PHONE 636.240.7775 FAX 636.240.7829 WEB www.cotr.org

## **SCHOLARSHIP APPLICATION**

Submit this completed form to the Information Centers in the Lobby.

| Date:   |              |
|---|--------------|
| Full Name   |              |
| Home PhoneCell Phone  |              |
| Address   |              |
| City State  | Zip          |
| E-mail Address (Clearly)  |              |
| Social Security Number  |              |
| Driver's License Number Birthday/                               | / M F        |
| Are you a partner of COTR? □YES □ NO                            |              |
| How long have you attended COTR regularly?                      | _            |
| Are you involved in a ministry? □YES □ NO                       |              |
| Which ministry are you currently involved in?                   |              |
| Do you tithe regularly to COTR? ☐ YES ☐ NO                      |              |
| Are you currently attending college? □YES □ NO                  |              |
| When will you be attending? □Summer 2015 □Fall 2015             | □Spring 2016 |
| What is the name and address of the school you are attending?   |              |
| Phone number and name of contact at the school you are attended | ding         |
| If so, is it an accredited college? □YES □NO                    |              |
| Will you be a <i>full-time</i> or <i>part-time</i> student?     |              |
| What is your household income?                                  |              |

| Please specifically explain why would you like to be a recipient? Please print or attach a typed answer. |  |  |  |  |  |
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| Explain your relationship with the Lord. |                 |              |       |  |  |  |
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| How will yo                              | our education b | enefit minis | stry? |  |  |  |
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