



NEW COMMUNITY CHURCH SCHOLARSHIP MINISTRY

WHERE GOD AND PEOPLE ARE LOVED!

PERSONAL INFORMATION

Name:	Date of Birth:	Mobile #:
Address:	City:	State/Zip Code:
Email Address:	Member of NCC: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent/Guardian:	Mobile #:	
Address:	City:	State/Zip Code:

EDUCATION DATA

High School:	Graduation Date:	Student Status: <input type="checkbox"/> Will be enrolled as college freshman this Fall <input type="checkbox"/> Continuing College Student
Address:	City:	State/Zip Code:
University College:		
Major:	Expected Graduation Date:	State/Zip Code:

EMPLOYMENT/VOLUNTEER POSITIONS

Company/Organization:	Supervisor:	
Address:	City:	State/Zip Code:
Job Title:	Telephone #:	
Company/Organization:	Supervisor:	
Address:	City:	State/Zip Code:
Job Title:	Telephone #:	

AWARDS(S)/ SPECIAL RECOGNITIONS

APPLICANT PLEDGE

If for any reason I will not be attending a College or University this school year, I will return my award to the New Community Church Scholarship Ministry.

Student Signature:	Date
Parent/Guardian Signature:	Date

Administrative Use Only	
Date Received _____	Signature _____
Comments _____	

Mail Application and required documents to:
 New Community Church
 14801 Lincoln Avenue, Dolton, IL 60419
 Attention: New Community Church Scholarship Ministry Committee