



YOUTH CHALLENGE MINISTRIES GRANT/SCHOLARSHIP APPLICATION

Applicant Information

Full Name: _____ Age: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email _____

Grant/Scholarship
Applied for: _____

Education

JH SH/

MS/H.S.: _____ Address: _____

Grade: _____ Graduation Date: _____ GPA: _____

Signature: _____ Date: _____

**NOTE: If applicable please submit application and transcript or diploma to email address
intellectualcommunication@gmail.com**