

St. John's United Church of Christ
Scholarship / Educational Fund Application

Name: _____

Address: _____

City/St/Zip: _____

Telephone: _____

School: _____

Address: _____

City/St/Zip: _____

Telephone: _____

Date you became a member of St. John's UCC:: _____ What are your educational goals?

How have you participated in the Life of St. John's ?

What Church do you attend while away at school: (List name, address, phone no.& Pastor's name if possible.)

What other activities are you involved in that help share our Christian Faith?

Please submit this completed form to the Memorial Committee along with a copy of your transcripts, class schedule, and/or your most current grades if a transcript is not available.

You will be notified of the status of your application and the dates of the distribution by a member of the memorial committee. If you have any questions or concerns about this application, please contact a member of the Memorial Committee. You can call the Church office and leave a message and one will contact you.

Thank you for your cooperation and God Bless your future endeavors.

St. John's United Church of Christ, Memorial Committee