

SCF Partnership in Education

SCF-Three Rivers School Scholarship Application

First-time *or* previously applied non-awarded applicant

Previous scholarship recipient, reapplying:

First time reapplying Second time Third time Fourth time

Name: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Cell: _____

E-mail: _____

Birth Date _____ Age: _____ Gender: (circle) M F

Married? _____ Spouse's First Name: _____

Citizenship: _____

School Currently Attending: _____

Check off your educational achievements to date that are applicable:

Number of years at Three Rivers School _____; date of completion at Three Rivers School _____

Expected date to receive high school diploma or GED certificate _____

Number of credits you have already received (including online credits) from any accredited community college or 4-year college/university _____

Have already received either a high school diploma or GED Certificate (Date) _____

Type of certificate/diploma or college degree are you wanting to obtain?

At this point, what college major(s) are you strongly considering?

What is your desired career field?

**Name & address of the college/university or technical school to which this scholarship would be sent
If you are awarded:**

Name: _____

Address: _____

City, State, Zip: _____

Financial Information:

- What will be the cost of tuition at your college of choice when you begin?
Per Quarter \$ _____ or Per Semester \$ _____
- Your annual income: Personally \$ _____ As a couple if married \$ _____
- Will you be receiving financial assistance for college/university from your family and/or relatives?
 Yes Amount for school year \$ _____
 No
- List any other scholarships or financial assistance you have already been awarded (indicate with a ✓ by it) or are hoping to receive (indicate with a ? by it) for the academic year for which you are applying, and the amount(s) of each:

- **Essay Information:** My career aspirations and educational plan to meet these goals are:
(Please be clear and legible, limiting your comments to this space and the open space on p. 4)

I will be attending college/technical school fulltime next academic year **Yes** **No**

Applicant Signature: _____

Date: _____

By signing this application form, I certify the accuracy of this completed form, and all accompanying documents, and if requested, agree to provide proof of this information. I also give permission for the *SCF Scholarship Fund Committee* to share this information with scholarship processing staff, donors, and other SCF members charged with determining eligibility, selection, and notification of awardees. I give permission to this committee to contact my high school and college officials for additional financial or academic information. If selected to receive a scholarship, I give permission to Sunriver Christian Fellowship to use personal information on my application form and/or use of my photo for promotion purposes solely. I also give permission for reports on my academic progress to be given to the SCF Board.

The SCF Scholarship Fund committee cannot guarantee applicants will receive scholarship funds for which they apply. Further, by signing this form, I agree to hold harmless, defend, and indemnify SCF for any acts, failures to act, or omissions of the SCF Scholarship Fund Committee members, or members of the SCF Congregation.