

# FAITH

**CHRISTIAN COLLEGE**

11608 NE 107th Street Vancouver, WA 98662  
(360) 843-6567  
info@fccollege.org

## SCHOLARSHIP APPLICATION

Both pages of application must be completed.

Which campus do you attend? \_\_\_\_\_ Vancouver \_\_\_\_\_ Kelso

### PERSONAL INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

### CHURCH/COMMUNITY INVOLVEMENT

Please list all church departments/community organizations you are involved with and position held:

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### FINANCIAL NEED STATEMENT

Please explain how you demonstrate financial need:

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**APPLICATION IS NOT COMPLETE WITHOUT SIGNATURE ON SECOND PAGE**

## STATEMENT OF UNDERSTANDING

I certify to the best of my knowledge that I have truthfully and accurately answered all the questions contained in this application.

I understand that submission of this application does not guarantee that I will be awarded a scholarship from Faith Christian College.

I understand that the available amount of scholarships provided by Faith Christian College may vary from semester to semester and that I may be required to re-apply for a scholarship every semester.

I understand that scholarships awarded by Faith Christian College are available for full-time students in either the Undergraduate or Graduate programs of study and that awardees are determined by the school administration.

\_\_\_\_\_  
Signature of Student or guardian if under the age of 18

\_\_\_\_\_  
Date

FOR COLLEGE USE ONLY:

REJECTED

APPROVED

SCHOLARSHIP AWARDED: \_\_\_\_\_

AMOUNT AWARDED: \_\_\_\_\_ PER: SEMESTER / YEAR (Circle One)