



University of Christian Studies & Seminary

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Scholarship Application

All sections of this form must be filled out completely before it will be processed by UCSS.

UCSS offers scholarships to students based on a number of criteria. All funds utilized by UCSS come from donations made by private individuals and institutions. All scholarship applications are reviewed by the Scholarship and Academic Review Committee. They will base their decision on the information contained on this form.

Please write or print clearly.

Circle one: Mr. Mrs. Ms. Rev. Dr. (UCSS does not recognize honorary doctorates.)

Name: (Last) _____ (First) _____ MI _____

Mailing Address: (Street/P.O. Box) _____

City _____ State _____ ZIP _____

Phone: (Home) _____ (Mobile) _____

(Work) _____

Email: _____

Marital Status: _____

Occupation: _____ Full-time // Part-time

Number of Dependents: _____ Do you own your home? Y N

My total family monthly income after taxes is: _____

My total monthly expenses are: _____

Three References: (Name, mailing address, email, primary phone, relationship)

1. _____

2. _____

3. _____

Current Ministerial Activities: (Please describe your current ministerial activities.)

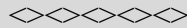
What degree are you working toward? _____

What is your current major? _____

How do you plan to use your UCSS education?

Signature _____ Date _____

Print your name _____



Please do not write in this section.

Scholarship Committee

UCSS President

1. _____

2. _____ Date _____

3. _____ Credits Awarded _____