



# University of Christian Studies and Seminary

P.O. Box 770454, Eagle River, Alaska 99577  
907-696-6062 Fax: 696-6082 www.utdayministries.org

## *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.

Circle One: Mr. Mrs. Ms. Rev. Dr.

**Name:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

**Address:** (Street/P.O. Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Phone:** (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

\_\_\_\_ Married \_\_\_\_ Single \_\_\_\_ Single Parent Other \_\_\_\_\_

1. Are you working full-time or part-time? \_\_\_\_\_ What is your occupation?  
\_\_\_\_\_

2. Number of dependents: \_\_\_\_\_ Do you own your home? \_\_\_\_ Yes \_\_\_\_ No

3. If you do not own your home, please choose one of the following:

4. \_\_\_\_ Rent \_\_\_\_ Parsonage Other: \_\_\_\_\_

5. My total family monthly income after taxes is:

\_\_\_\_ less than \$1,250.00 \_\_\_\_ between \$1,250 and \$2,500

\_\_\_\_ between \$2,500 and \$3,750 \_\_\_\_ over \$3,750

6. My total monthly expenses are: \_\_\_\_\_

**References:** (Give the name, address and phone number of three, non-relative, personal references)

Name	Street/P.O. Box	City	State	ZIP	Phone
1.					
2.					
3.					

**Current Ministerial Activities:** Please describe your current ministerial activities.

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What Degree are you working toward? \_\_\_\_\_

What is your current major? \_\_\_\_\_

How do you specifically plan to use your UCSS education?

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Signature \_\_\_\_\_ Date \_\_\_\_\_



DO NOT WRITE IN THIS SECTION

Scholarship Committee Sign-off

UCSS President

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\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Amount Awarded \_\_\_\_\_