

뉴저지초대교회

CHODAE COMMUNITY CHURCH

100 Rockland Avenue,
Norwood, NJ 07648
T. 201-767-0400
F. 201-767-0470

SCHOLARSHIP APPLICATION FORM

Description: This scholarship is available to dependents of pastors serving in NY, NJ, CT, PA, or students attending schools in the above states.

Eligibility Requirement: Current undergraduate student with cumulative grade point average(GPA) of 2.5(out of 4.0) or better.

Deadline: October 21, 2018

Email: chodaescholarships@gmail.com

Affix
recent photo
here

Current Student Status: Undergraduate

“Failure to complete any section of the application or failure to submit the required documents will result in disqualification.”

Personal Information				
Applicant's Name	English (First, Middle, Last)			Gender:
				Male Female
	Korean, if any:		Email	
Street Address:		City:	State:	Zip
No. of years lived in current address	Mobile Phone	Alternative Phone	Date of Birth	Marital Status
		Single Married		
Membership ID		Visa Status: US-Citizen Permanent Residence Student Visa Other		

Education		
Current or most recent school		
Name	City	State
GPA _____ / _____	Year in School	
Will be attending school		
Name	City	State
Major	Degree	
Years in School	Expected Graduation Date	

Have you previously received a Chodae Scholarship?	Yes No	If yes, year received _____ amount \$ _____
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Applicant's Name (First, Middle, Last) : _____

Reference			
Name	Business / Institution	Mobile Phone	Email
Name	Business / Institution	Mobile Phone	Email
* One MUST be a church/Christian group leader (i.e. pastor, elders, group leader)			

Volunteer / Services		
Description of Service	How many hours per Week	How long have you been doing this?
Description of Service	How many hours per Week	How long have you been doing this?
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Family					
Father's Name	Occupation	Mother's Name	Occupation	Spouse's Name	Occupation
Sibling's Name	Age	Sibling's Name	Age	Sibling's Name	Age

*** If you have any siblings are in High School Sr. or attending college, must complete Appendix A.**

Applicant's Name (First, Middle, Last) : _____

Financial	
Father's Gross Annual Income	Tuition and Fees
Mother's Gross Annual Income	Books & Supplies
Spouse's Gross Annual Income	Housing
Savings	Food
Expected Student Earnings	Loans Outstanding: \$ New: \$
Parent Contribution	
Other Source of Income	
Grant / Scholarship Name: Amount: \$	
Grant / Scholarship Name: Amount: \$	
Grant / Scholarship Name: Amount: \$	

I certify that the information provided on this application is true and complete to the best of my knowledge. I agree that the scholarship selection committee may review my educational records to verify my eligibility for scholarship. I understand that failure to provide requested information may excluded me from consideration.

Applicant's Signature	Date
Parent's Legal Guardian's Signature if student is not 18 years of age	Date

Applicant's Name (First, Middle, Last) : _____

Appendix A

Financial (Sibling 1)	
Sibling's Name	Tuition and Fees
School Name	Books & Supplies
Year of School (Grade)	Housing
Expected Student Earnings	Food
Parent Contribution	Loans Outstanding: \$ New: \$
Other Source of Income	
Grant / Scholarship Name: Amount: \$	
Grant / Scholarship Name: Amount: \$	
Grant / Scholarship Name: Amount: \$	

Financial (Sibling 2)	
Sibling's Name	Tuition and Fees
School Name	Books & Supplies
Year of School (Grade)	Housing
Expected Student Earnings	Food
Parent Contribution	Loans Outstanding: \$ New: \$
Other Source of Income	
Grant / Scholarship Name: Amount: \$	
Grant / Scholarship Name: Amount: \$	
Grant / Scholarship Name: Amount: \$	