

MISSOURI CHRISTIAN WOMEN CONNECTION

ELVA WOOD MEMORIAL SCHOLARSHIP

Application

I _____, a Christian person in Missouri, respectfully request consideration as a recipient of the MISSOURI CHRISTIAN WOMEN CONNECTION SCHOLARSHIP as made available toward tuition at college/university.

Please print: Name

Home Address:

Phone Number _____

High School Graduation Date _____

I will be in my _____ year of college beginning _____

I am attending this fall for the following status: (check one)

Campus Student _____ Off Campus Student _____ Online Student _____

Please have your present Pastor, Youth Director, and/or Christian Education Director send the completed letter of recommendation (included), to be received no later than February 1, to the State CWC Scholarship Committee.

I have sent my letter of recommendation to:

Name: _____

Position: _____

Please write a paragraph stating why you chose the college you plan to attend.

Please write a paragraph stating the major area(s) you plan to study.

What are your life goals?

Further comments you think the Scholarship Committee should consider.
I have read the qualifications for applicants to this fund and believe I am eligible.
A copy of my current transcript will be sent by February 1.

Signature

Date

MAIL TO: Vicki Eshleman
State CWC Scholarship Committee
18506 E. Ponca Ct.
Independence, MO 64058
email: vickirae@netscape.net

Applications deadline is February 1 for the following school year.

LETTER OF RECOMMENDATION

(Present Pastor, Youth Pastor, and/or Christian Education Director)

I have read the qualifications of the State CWC Scholarship and

_____ is an eligible candidate.

(Applicant)

Stated below is my letter of recommendation.

Signature

Position

Date

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