



CHURCH OF GOD BY FAITH, INC

609 Atlantic Avenue

Sumter, SC 29150

SOUTH CAROLINA DISTRICT SCHOLARSHIP PROGRAM

Application

Name: \_\_\_\_\_ Email Address \_\_\_\_\_

Please print

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Church Location: \_\_\_\_\_ How Long have you been a member of COGBF, INC. \_\_\_\_\_

How often do you attend Church? \_\_\_\_\_ What position (s) do you hold in Church?

\_\_\_\_\_  
\_\_\_\_\_

What college do you plan to attend? \_\_\_\_\_

High school attending: (attended) \_\_\_\_\_ Grade Point Average \_\_\_\_\_

Complete Essay. (Selected topic: The Importance of a college education with emphasis on remaining a Christian 150-220 words requirement)

Referred by: \_\_\_\_\_ Referred by: \_\_\_\_\_

Pastor

Sunday School Superintendent

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

For the Board of Christian Education Use: Scholarship Committee Members:

\_\_\_\_\_  
\_\_\_\_\_

Approved: \_\_\_\_\_

SCDSP, Chair

\_\_\_\_\_

District Superintendent