

Christian Church in Ohio
(Disciples of Christ)
Scholarship Application

Name of Recipient _____ Date _____

Sponsoring Congregation _____

Event Requested _____ Event Date _____

Registration Fee

\$

Amount of Family Contribution

\$

Amount of Congregation Contribution

\$

Amount of Scholarship Request

\$

Please provide additional comments that support this request:

Minister's Signature _____

For Office Use Only

Reviewed by: _____ Approved _____

Date: _____ Account Number _____