



**EDUCATION DEPARTMENT
Scholarship Program**

Promptly Forward to:
IFCA Education Department
Attn: David Belles
25595 Chardon Road
Richmond Heights OH 44143

Student Application Form (Deadline: Prior to the start of the school's Fall session)

Full Name: _____ Date of Birth:

Full Address: _____

Phone Number: _____

If applicable, please indicate your e-mail address: _____

Marital Status: _____ Name of parent or legal guardian: _____

Name of your Church: _____ Pastor: _____

- 1. What accredited school & educational major are you enrolled in? (You must provide full address of school and Student ID number or Social Security number.)**

- 2. What are your educational / Ministerial goals?**

- 3. Have you previously applied for an IFCA scholarship? (If YES, state year, whether you were granted an award, and amount)**

4. Have you attended recent IFCA Conventions, Apex, District Youth Camps, or Church Mission?

5. Are you active in your local church and IFCA Youth Ministry? (If YES, please state your activities I ministries.)

6. Do you intend to apply for IFCA ministerial credentials? _____

7. Please list the name, address, e-mail, and phone number of one adult character reference (not your Pastor or a family member)?

Your Signature X _____ Date _____

If under age 18, also include your parent's or guardian's signature.

Application: X _____ Date: _____