



APPLICATION FOR FULLTIME MINISTERIAL LEADERSHIP SCHOLARSHIP

Personal Information

Parent Name: _____

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Email: _____

Students Registered at WCS for the 2012 – 2013 school year:

_____	_____
_____	_____
_____	_____

Personal Information

Church/Ministry Affiliation: _____

Address: _____
Street City State Zip

Position/Title: _____ Years of Service: _____

Ministerial Responsibility: _____

Contact (for verification): _____ Phone: _____

Parent Signature: _____ Date: _____

Business Office Only: Approved: Yes No By: _____ Date: _____