NEW JERSEY EVANGELICAL CENTRAL DIOCESE

HIGHER EDUCATION SCHOLARSHIP APPLICATION

Bishop Arthur L. Jenkins, Sr., Diocesan Bishop | Lady Dorsia Jenkins

Apostle Fred Rubin | District Elder Willie Shy | District Elder James Parrott, Jr. | District Elder Clayton Carothers Elder Jerry Vincent, Jr. | Elder Matthew Morrison | Elder Cheron Crowell

SCHOLARSHIP APPLICATION

Please Provide Clear, Legible Information

		PERSONAL II	NFORMATION	
DATE				
FULL NAME _				
	First	Middle	Last	
ADDRESS	Street Address			Apt. Number
	City	State		Zip Code
E-MAIL ADDR	ESS			
CONTACT NU	MBER			
		CHURCH IN	FORMATION	
CHURCH NAM	ΛE			
PASTOR'S NA	\ME			
HOW LONG H	AVE YOU ATTEND	ED?		
POSITION HE	LD IN CHURCH			
		EDUC	ATION	
HIGH SCHOO	L		CITY / STATE:	
YEARS OF AT	TENDANCE		_	
GRADUATE	O? 🗆 YES 🗆 NO	DIPLOMA OR G	ED	
EXTRA CUR	RICULAR ACTIVI	TIES		
GPA:		-		
COLLEGE/SE	CONDARY/TRADE	SCHOOL NAME		
CITY / STATE	=			
DESIRED DEC	GREE/CERTIFICAT	ION		
Please use the	he next few lines	to outline any com	nmunity service inv	volvement.

	REFERENCES (PROFESSIONAL ONLY)				
FULL NAME: First	RELATIONSHIP:				
COMPANY NAME	TITLE				
E-MAIL ADDRESS	CONTACT NUMBER				
FULL NAMEFirst	RELATIONSHIP				
COMPANY NAME					
E-MAIL ADDRESS	CONTACT NUMBER				
DISCLAIMER					
Applicant understands this is an Equal Opportunity Committee, committed to excellence through diversity. To ensure this application is acceptable, please print or type all of the requested information so it can be considered.					
I, the Applicant, certify	that my answers are true and honest to the best of my knowledge.				
SIGNATURE:					
DATE:					

PRINT YOUR FULL NAME: _____