

Forth Worth First Church of the Nazarene

**Luther F. and Nancy D. Warner
SCHOLARSHIP APPLICATION**

Date _____
Name _____ Cell Phone _____ Email _____
Address _____ City _____ State _____ Zip _____
Date of birth _____ High School or College _____ GPA _____
When did you begin attending First Church? _____
Will attend: Full-time ___ Part-time ___ If Part-time, number of semester _____ quarter hours _____
College/University attending _____
College major _____

Please include the following items with your application:

- **For first year students:** Official copy of your current high school transcript through the first semester of the senior year
- **For second year college students:** Copy of your most recent college/university transcript
- **A brief written description of your educational plans and goals**

By my signature I verify that the information provided in this application is correct:

Signature _____ Date _____

**RETURN THE COMPLETED APPLICATION AND REQUESTED ITEMS TO THE
CHURCH OFFICE BY August 1.**

-----For Scholarship Committee Use Only-----

Scholarship Amount Awarded \$ _____ Date _____

Approved By:

Notes: _____

