

SCHOLARSHIP APPLICATION

You must fill out your fafsa online at www.fafsa.ed.gov in order to qualify for any scholarship.
Please submit to ABLE office at least 1 month before the semester you are applying for.
SCU school code is: **003180**

Scholarship applications must be submitted annually to: Southwestern Christian University
Professional Studies
P. O. Box 340
Bethany, OK 73008

Please print or type all the information needed below. Date _____

Semester which you are applying for: FALL _____ SPRING _____

Site where you will be attending class Bethany _____ Tulsa Metro _____

PERSONAL INFORMATION:

Name _____
Last First Middle

Address _____
Street City State Zip

Phone: Home () _____ Work () _____ Birth date _____

Age _____ Gender _____ Number of Dependents _____

Name of Spouse _____

Denomination _____

IPHC Conference (if applicable) _____

Are you or your spouse a minister or involved in ministry? Yes _____ No _____
Licensed _____ Ordained _____

If yes, name church and ministry position: _____

EDUCATIONAL INFORMATION:

Current cumulative GPA: _____ Beginning term: Fall, 201 _____ Spring 201 _____

Enrollment Status: Full-time _____ Part-time _____

Student Status: Sophomore _____ Junior _____ Senior _____
(min. 24 credit hours) (min. 56 credit hours) (min. 90 credit hours)

Degree Major: Biblical Leadership _____ Human and Family Service _____
Business Leadership _____ Business Administration _____

FINANCIAL INFORMATION:

Have you completed the FAFSA application for federal financial aid? Yes _____ No _____

Do you plan to file the FAFSA for federal financial aid? Yes _____ No _____
(If yes, the SCU Title II School Code is 003180)

List all other grants, financial aid, and funding you will receive.

Fed / State Grants \$ _____

Student Loans \$ _____

IPHC Conference Scholarship \$ _____ Conference: _____

Ministerial Scholarship \$ _____

Local Church Scholarship \$ _____ Church Name: _____

Voc Rehab Assistance \$ _____

VA Assistance \$ _____

Bureau of Indian Affairs \$ _____

Employer Tuition Assistance \$ _____

Independent Scholarship \$ _____ Scholarship name: _____

Independent Scholarship \$ _____ Scholarship name: _____

Independent Scholarship \$ _____ Scholarship name: _____

Other \$ _____ Description: _____

Please list below any additional information you feel would assist us in determining your eligibility and need for scholarship assistance.

Signature _____ Date Signed _____