

UCF OF SYRACUSE
Educational Scholarship

Award

Amount

Personal Information

Academic Year

Last Name

First Name

Middle Name

Cell Phone

Social Security Number

Email Address

Permanent Address

Street/Route

City/State/Zip

Occupation

Income (Report income from previous year)

Academic Status

Name and Address of college in which you are enrolled or will be attending

Present academic status: HS senior, College: Freshman/Sophomore/Jr./Sr./Graduate

Status (full or part time)

Degree

Anticipated graduation date

List prior college attended, if any, and dates attended

Please share your vision for your future in this vocation

Financial

Male or Female

Date of birth

Marital status

Are you self supporting?

If married, name of spouse

Spouse's income (from previous year)

University Christian Fellowship

Father

Your Father's Name

Occupation

Address

Cell Phone

Home Phone

Mother

Your Mother's Name

Occupation

Address

Cell Phone

Home Phone

Household income (total income of parent(s), or guardian that supports student)

Parent's dependents and ages

Special circumstances (such as major medical bills, to help understand your situation better)

Name of Church

Pastor's signature

Date

Estimated Expenses

Tuition and fees

Books

Housing

Food

Clothing and laundry

Medical care

Transportation (itemize)

Other

Other

Other

Total

List educational loans received in prior years

Signature of Student

Date

Application Deadline: Postmarked May 1st

University Christian Fellowship

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