

APPLICATION FOR THE
ADAMS & ASSOCIATES INTERNATIONAL
MK ENDOWED SCHOLARSHIP II

Submit To: Enrollment Services Office
Charleston Southern University
P.O. Box 118087
Charleston, SC 29423-8087

Local: 843-863-7050
Toll Free: 800-947-7474
E-mail: financialaid@csuniv.edu
www.charlestonsouthern.edu

Office Use Only:
Date Application Rec'd: _____

This application should be returned to the CSU Enrollment Services Office no later than June 1, 2008 to be considered for this scholarship. Please answer or complete every item in each section to avoid a processing delay. Print legibly or type this application. All applicants will be notified no later than June 30, 2008.

SECTION I – PERSONAL RECORD

Name: _____ Social Security # _____
(Last) (First) (MI)

Permanent Mailing Address _____
(Number) (Street) (City) (State) (Zip)

Telephone (H) _____ (W) _____ Date of Birth _____ Sex _____ Race _____
(Area Code) (Area Code) Mo/Da/Yr Optional Optional

E-Mail Address _____

Parent/Legal Guardian Name: _____
(Last) (First) (MI)

Address _____
(Number) (Street) (City) (State) (Zip)

Telephone (H) _____ (W) _____ Email Address _____
(Area Code) (Area Code)

SECTION II – ELIGIBILITY INFORMATION

1. Name and address of the accredited Christian college or university you will be attending:

Name _____
Address _____
City, State, Zip _____

2. Date of enrollment: _____

3. Number of hours enrolled: _____

4. Name of EFMA or IFMA member organization family/legal guardian is associated with to include address, telephone number and contact:

Name _____
Address _____
City, State, Zip _____
Phone _____ Contact _____

5. As of the date of this application my family/legal guardian has been firmly and faithfully committed to the ministry of International Missions work through an EMFA or IMFA member organization for _____ years.

SECTION III – STUDENT STATEMENT

I understand that giving false information gives Charleston Southern University the right to declare me ineligible to receive financial aid assistance from the Adams & Associates International MK Endowed Scholarship II as administered by Charleston Southern University. I understand that submission of this application is not a guarantee to receive financial aid assistance from the Adams & Associates International MK Endowed Scholarship II. I understand that selection of scholarship recipient(s) is at the sole discretion of Charleston Southern University in accordance with the established guidelines for administration of this scholarship award. By signing below, I certify the above statements are true and that this application is complete and accurate.

Signature _____ Date _____