

APPLICATION FOR THE  
ADAMS & ASSOCIATES INTERNATIONAL  
MK FUNDED SCHOLARSHIP II

**Submit To:** Jenna Parish  
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](mailto:financialaid@csuniv.edu)  
[www.charlestonsouthern.edu](http://www.charlestonsouthern.edu)

Office Use Only:  
Date Application Rec'd: \_\_\_\_\_

**This application should be returned to Jenna Parish, Director of Financial Aid at Charleston Southern University no later than June 1, 2009 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, 2009.**

**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 Funded 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 Funded 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 \_\_\_\_\_