

**APPLICATION
FOR THE
BETTY AND DORWIN ROBINSON
ENDOWED MEMORIAL SCHOLARSHIP**

Eligibility Requirements:

1. Applicant must be a current or prior member of the Sierra Pacific Mission Center (or the child of a member) within four years of application.
2. Minimum residency in the Mission Center for at least two years.
3. Certification of the above to be provided by the pastor of last residency within the Mission Center.
4. Applicant must be enrolled as a full-time student and maintain a minimum 2.0 GPA. (Applicant must submit a copy of the most recent transcript by August 1st, prior to the academic year for which the scholarship application is effective.)
5. Maximum scholarship amount for one scholastic year will be one-third of the annual cost for Graceland University tuition, room and board, or the equivalent amount if enrolled in another college.
6. Application must be re-submitted each year by July 31st, prior to the academic year of attendance.
7. Eligible Scholarship Fund monies shall be divided evenly between all applicants who qualify, and have completed and submitted an application no later than **July 31st** prior to the academic year for which they were applied.
8. Scholarship Fund monies will be paid directly to the college/university specified on the approved application. These funds will be paid in advance at the beginning of the academic year for which they were applied.
9. If the applicant receives the scholarship and subsequently does not attend college, the scholarship monies must be returned to the Endowment Board within 30 days from the first day of classes.
10. All Scholarship Applications must be submitted to the Endowment Board.

Community of Christ
Attn: Endowment Board
500 E. Calaveras Blvd. Ste. #333
Milpitas, CA 95035

APPLICATION

BETTY AND DORWIN ROBINSON ENDOWED MEMORIAL SCHOLARSHIP

All Information Must Be Complete

APPLICATION DATE: _____

NAME: _____

COMPLETE ADDRESS (street, city, zip):

PHONE # _____ EMAIL: _____

CONGREGATION: _____

WHAT YEAR DID YOU START ATTENDING THIS CONGREGATION? _____

HOW LONG HAVE YOU LIVED IN THE SIERRA PACIFIC MISSION CENTER?
PLEASE LIST THE DATES: _____

WHEN IS YOUR PROJECTED COLLEGE GRADUATION DATE? _____

WHAT IS YOUR CURRENT G.P.A.? _____

ARE YOU (OR WILL YOU BE) ENROLLED FULL-TIME FOR THE COMING
SCHOOL YEAR? _____

IF NO, WHICH QUARTERS/SEMESTER WILL YOU BE ATTENDING? _____

COLLEGE ATTENDING:

Name: _____

Street: _____

City/State/Zip: _____

Before submitting this application, be sure that you have:

1. A letter from your pastor certifying your membership in the congregation.
2. This completed application form postmarked by July 31st.

Submit application to:

Community of Christ
Attn: Endowment Board
500 E. Calaveras Blvd. Ste.
#333 Milpitas, CA 95035