

Covenant United Church of Christ

Health Field Related Scholarship Application

Applicant must have been a **member** of Covenant UCC as of

January 1, 2018. Date of **Right Hand of Fellowship** _____

Name: _____ Date of Birth: _____

Address: _____ City _____ State _____ Zip _____

Phone: Daytime (_____) _____

Evening (_____) _____

Email address _____

College/University you attend: _____

Field of Study: _____

Length of program (months, years) _____

Applicant's Signature: _____ **Date** _____

Applicant must show proof of registration for Spring Semester 2020 and proof of 12 or more completed credit hours in health field related courses. Mail information to the attention of **CUCC Scholarship Committee** no later than **January 10, 2020**.