

**First Christian Church of Florissant
Missions Scholarship Program
Application Form**

Name _____

When did you become a member of FCCF? _____

How many semesters have you received the FCCF scholarship? (*usually limited to eight semesters*) _____

Home Address: _____ Address at school: _____

Home phone: _____ Phone at school: _____

Home e-mail: _____ E-mail at school: _____

Bible college you will attend next semester: _____

College's address: _____ Phone: _____

Degree program (major, minor): _____

How many credit hours will you complete this semester? (*Minimum 12 credit hours are required.*) _____

Describe ministries and Christian service that you have recently been involved in. Use back of page if necessary: _____

Circle your year and term in school: FR SO JR SR | 1st sem 2nd sem

When do you plan to graduate? _____

Signature: _____ Date: _____

Return to: Missions Scholarship Program
First Christian Church of Florissant
2890 Patterson Road
Florissant MO 63031