



**EDUCATION DEPARTMENT  
2023 Scholarship Program**

Promptly Forward to:  
**IFCA Education Department  
Attn: David Belles  
25595 Chardon Road  
Richmond Heights OH 44143**

**2023 Student Application Form (Deadline: 07/31/2023)**

Full Name: \_\_\_\_\_ Date of Birth:

Full Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

If applicable, please indicate your e-mail address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Name of parent or legal guardian: \_\_\_\_\_

Name of your Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

**1. What accredited school & educational major are you enrolled in? (You must provide full address of school and Student ID number or Social Security number.)**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. What are your educational / Ministerial goals?**

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\_\_\_\_\_  
\_\_\_\_\_

**3. Have you previously applied for an IFCA scholarship? (If YES, state year, whether you were granted an award, and amount)**

\_\_\_\_\_  
\_\_\_\_\_

4. Have you attended recent IFCA Conventions, Apex, District Youth Camps, or Church Mission?

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5. Are you active in your local church and IFCA Youth Ministry? (If YES, please state your activities I ministries.)

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6. Do you intend to apply for IFCA ministerial credentials? \_\_\_\_\_

7. Please list the name, address, e-mail, and phone number of one adult character reference (not your Pastor or a family member)?

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Your Signature X \_\_\_\_\_ Date \_\_\_\_\_

If under age 18, also include your parent's or guardian's signature.

Application: X \_\_\_\_\_ Date: \_\_\_\_\_