



EXTEND THE LEGACY

SCHOLARSHIP PROGRAM

Leave a Legacy • Transform a Life • Inspire a Future



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“Called by Christ to connect the disconnected to Christ and equip the connected to be like Christ.”

SCHOLARSHIP ENROLLMENT APPLICATION

Extend the Legacy Scholarship Program | Covenant UCC

SECTION 1: CONTACT INFORMATION

Contact Person (Family Representative): _____

Home Address: _____

City: _____ State: ZIP: _____

Telephone Number: _____ Email Address: _____

SECTION 2: YOUR CONNECTION TO COVENANT UCC

Membership Status:

Active Member Regular Visitor Guest / Community Friend

Best Time to Contact:

Morning Afternoon Evening Weekends

Preferred Contact Method:

Phone Text Email In-Person

SECTION 3: SCHOLARSHIP DETAILS

Name of Scholarship: _____

In Honor / Memory Of: _____

Purpose of Scholarship: _____

Annual Scholarship Amount:

Award Type:

\$ _____ One-Time Gift Annual Endowed

SECTION 4: ELIGIBILITY REQUIREMENTS

Requirement #1 _____

Requirement #2 _____

Requirement #3 _____

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Minimum GPA: _____ Field of Study Preference: _____

Degree Level:

Undergraduate Graduate Either

Essay Required?

Yes No

SECTION 5: RECOGNITION PREFERENCES

How would you like your scholarship recognized? (Select all that apply)

Scholarship Awards Sunday Anonymous

SECTION 6: AUTHORIZATION

By signing below, I confirm that the information provided is accurate and that I am committed to supporting the Extend the Legacy Scholarship Program at Covenant United Church of Christ.

Family Representative Signature:

Date:

Scholarship Committee Representative:

Date Received:

Please return completed applications to the Scholarship Committee at Covenant United Church of Christ.