

COMPUTER MINISTRY
JIM RUDY MEMORIAL
SCHOLARSHIP APPLICATION

PLEASE PRINT
APPLICANT INFORMATION

Full Name:

Date of Birth:

Cell Phone (over 18):

Home Phone:

Current Address:

City:

State:

ZIP Code:

EMPLOYMENT OR VOLUNTEER INFORMATION

Current employer or volunteer organization name:

Employer/Volunteer Address:

How Long?

Business Phone:

E-mail Contact:

Cell Phone:

City:

State:

ZIP Code:

Title of Position:

Duties

ADDITIONAL EMPLOYMENT OR VOLUNTEER INFORMATION

Employer or volunteer organization name::

Employer/Volunteer address:

How Long?

Business Phone:

E-mail Contact:

Cell Phone:

City:

State:

ZIP Code:

Title of Position:

Duties

CURRENT SCHOOL INFORMATION

Current School:

School Address:

Current Grade/Year:

Phone:

E-mail Contact:

Contact Name:

City:

State:

ZIP Code:

Course of Study:

GPA:

Extra Curricular Activities (List on Back):

HIGH SCHOOL (TO BE COMPLETED BY A GUIDANCE COUNSELOR); COLLEGE (BY A DEPARTMENT CHAIR)

Cumulative Rank: _____

Out of Class of: _____

Comments::

Signature of Counselor/Chair

Date of Signature

Email of Counselor/Chair

REFERENCES

Name

Address

Phone

SIGNATURES

I authorize the verification of the information provided on this form as to my application for this scholarship.

Signature of Applicant:

Date:

Signature of Parent *(only if applicant is under 18):*

Date:

