

OFFICIAL APPLICATION

BETTY AND DORWIN ROBINSON
ENDOWED MEMORIAL SCHOLARSHIP

APPLICATION DATE:

NAME:

ADDRESS:

(This is where your scholarship award check will be sent)

PHONE #

EMAIL:

CONGREGATION:

WHAT YEARD DID YOU START ATTENDING THIS CONGREGATION?

**HOW LONG HAVE YOU LIVED IN THE SIERRA PACIFIC MISSION CENTER?
PLEASE LIST THE DATES:**

WHAT IS YOUR CURRENT G.P.A.?

**ARE YOU (OR WILL YOU BE) ENROLLED FULL-TIME FOR THE COMING
SCHOOL YEAR?**

IF NO, WHICH QUARTERS, SEMESTER WILL YOU BE ATTENDING?

**If you are attending Graceland University, do you want some of these dollars to be applied
toward the Congregational Matching Grant Program?**

Before submitting this application, be sure that you have:

1. A letter from your pastor certifying your membership in the congregaton.
2. This completed application form postmarked by March 31st.

Submit application to:

Community of Christ
Sierra Pacific Mission Center
Attn: Endowment Board
3700 N. El Dorado St.
Stockton, CA 95204