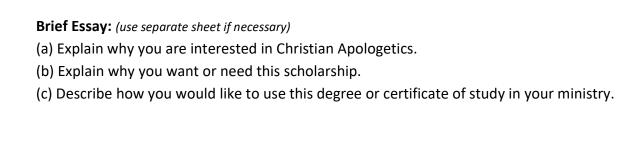
The Christian Apologetics Scholarship Student Application

Full Name:		Date:	Date:	
Address:		Age:	_ Gender	
E-Mail:	lail: Phone Number:			
*School You Wish to Attend: _				
Certificate or Degree Program	You Wish to Complete:			
you are seeking scholarship fu	or certificate program, what Apologetions?	· ·		
	Date you plan to start the p			
Church or Ministry where you	are currently serving:			
Address:	Website:			
Your position/title:	How long have you served here?			
Supervisor: Name	Position	Contact	#	
If awarded funds, do you agree	e to keep us apprised of your academic	and ministry progress?	YesNo	
If awarded funds, do you agree to maintain engagement in our r		ent network?	YesNo	
References (please provide 3 addit	tional names and some form of contact informa	tion)		
Name	Relationship to you	Contac	Contact #	
Name	Relationship to you	Contac	Contact #	
Name	Relationship to you	Contac	Contact #	



Submit this application to: The Christian Apologetics Scholarship Committee

422 B Street

St. Albans, WV 25177

Or email to apologetics@gatewaychurch.net

Once we receive this application and contact your references, we will contact you to schedule an interview.