

SCHOLARSHIP APPLICATION

Student: *Please complete all questions on this application. Please note that scholarship amounts may not cover the entire cost of the tuition to the Cornerstone School of Ministry (CSM).*

Name: _____ Phone: _____

Email Address: _____

1. What is your job experience? Please list your employment history, beginning with your current or most recent employer:

Company Name: _____

Position: _____

Time of Employment: Years: _____ Months: _____

Company Name: _____

Position: _____

Time of Employment: Years: _____ Months: _____

Company Name: _____

Position: _____

Time of Employment: Years: _____ Months: _____

2. If not currently employed, please give the reason (*i.e., going to school, family obligations, etc.*). Please be specific.

3. Share how you have been involved in ministry in the past.

4. Give reasons for requesting a scholarship?

5. Will your family be helping with you with the cost CSM tuition? Yes No

6. How much are you able to contribute financially per year? _____

7. Is there anything else that would be important for us to know? _____

Thank you for your open and candid answers. We will contact you as soon as a scholarship decision has been made. If you have any questions, please contact:

Leanna Marvin, Administrative Assistant
Cornerstone School of Ministry
leanna@cclb.org, (562) 296-6493

(Office Use Only)			
Amount Requested:		Amount Approved:	
Approved By:	<div style="display: flex; justify-content: space-between;"><div>_____ (Sign)</div><div>_____ (Date)</div></div>		