

CALDWELL MEMORIAL SCHOLARSHIP PROGRAM APPLICATION

TO COMPLETE THIS APPLICATION, YOU MUST:

1. Provide a personal essay, typewritten, no more than 300 words explaining your personal goals and why continuing your education is important to you.
2. If currently attending school, send, or have sent, to the Caldwell Memorial Scholarship Program a certified school transcript.
3. Have two individuals write a letter of recommendation for the scholarship. At least one of these individuals should be a current teacher, employer, school counselor, or pastor. Be certain to remind your references to send these letters in time to be delivered by the application deadline.

Submission of Application Form

The application form is a fillable pdf file. Fill it out completely electronically, then “Save a Copy”. Note that the application requires a signature. You may provide an electronic signature, or print out the completed application, sign it and either scan it as a pdf file or mail in the printed application.

Completed application forms should be sent as a pdf file to scholarship.wlcc@gmail.com. Please include applicant’s last name as part of the file name.

Alternatively, completed printed applications
may be mailed to:
West Lake Christian Church
Caldwell Memorial Scholarship Program
936 HWY O, Gravois Mills, MO 65037

Submission of College Transcript

Your school or college registrar can mail an
official transcript to:
West Lake Christian Church
Caldwell Memorial Scholarship Program
936 HWY O, Gravois Mills, MO 65037

Submission of Letters of Recommendation

Letters of recommendation should be sent as pdf files (with the name of the applicant as part of the file name) directly from the author to scholarship.wlcc@gmail.com. Alternatively, letters can also be mailed to the mailing address above. The letter should

CALDWELL MEMORIAL SCHOLARSHIP PROGRAM APPLICATION

indicate the capacity in which the letter writer knows the applicant, e.g., as a student, employee, or other capacity.

Questions about the application process may be directed to:

Carroll Rinker: Scholarship Ministry – Chairperson

**Note that all application materials must be received by:
March 31st or the current awards year.**

CALDWELL MEMORIAL SCHOLARSHIP PROGRAM APPLICATION

General Information

Applicant First Name_____Last Name _____

E-mail address_____

Home Address_____

City_____Zip/Postal Code _____

Country_____Phone Number _____

Address at School (if known) _____

City_____Zip/Postal Code_____

Country_____Phone Number _____

Education Information

Name of School you plan to attend_____

Intended Course of Study_____

Address_____

City_____Zip/Postal Code_____

What is your current cumulative grade point average (A=4.0)? _____

CALDWELL MEMORIAL SCHOLARSHIP PROGRAM
APPLICATION

Schools Previously Attended:

School Name	Dates Attended	Degree or Certification

Current and Past School Activities and Honors:

Community Activities, Honors and Church Involvement:

(This Optional: Hometown Newspaper – Name and Address
information will be used to send an announcement of the award to your local newspaper)

Employment Information

Please list your most recent employment history, including dates, starting with your most recent job.

Dates Company Name and Address

Job Description

Dates Company Name and Address

Job Description

Dates Company Name and Address

Job Description

Application Statement

The information provided in my application is, to the best of my knowledge, complete and accurate, and I understand that false statements on this application will disqualify me from the scholarship.

I, (please print name) _____, give permission for any college or school to release to the Caldwell Memorial Scholarship Program any information necessary to process my application to the program.

Applicant's Signature _____

(Date)