

**IMPORTANT REMINDER** - In order for your application to be considered for this award, you must submit your application to the Financial Aid Office with **ALL** of the additional documentation by the announced deadline. Late or incomplete applications will not be considered. Pay attention to details.

**Scholarship Objectives**

1. Recognize and reward the academic excellence of ministerial students who choose to enroll in the Biblical Studies program at Southwestern Christian College.

1. Assist recipients in meeting their financial needs as they pursue higher Christian education.

**Minimum Personal and Academic Requirements for Consideration and/or Award**

1. Active and faithful membership in the Church of Christ.

1. Demonstration of Christian character and lifestyle.

1. Proof of enrollment at Southwestern Christian College during the semester of application.

1. Maintain a minimum cumulative GPA of 2.5 and full-time status at SwCC. (minimum cumulative GPA of 2.5 required for incoming students from another college)

**Minimum Requirements for Application**

1. Complete a scholarship application in its entirety.



1. Submit an autobiography (including future aspirations in ministry) along with a recent 3x5 photo. This autobiography must be approximately one (1) double-spaced type-written page in length.

1. Submit a biography of Dr. J.S. Winston, Sr. This biography must be approximately one (1) double-spaced type-written page in length.

1. Submit three (3) typed letters of reference. These letters must include the contact information of your reference.



# Personal Information

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_ Alt. Phone: \_\_\_\_\_\_\_\_\_\_ e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Marital Status: Married \_\_\_ Separated \_\_\_ Single \_\_\_ Divorced \_\_\_
2. What areas of ministry are you interested in? (ex. family, music, youth, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you committed to earning the Bachelor of Science in Religious Studies from

Southwestern Christian College? Yes \_\_\_ No \_\_\_ Undecided \_\_\_

1. What other financial assistance are you applying for this semester? Check all that apply. Private Loan(s) \_\_\_ TEG \_\_\_ SEOG \_\_\_ SwCC Work Study \_\_\_\_

Government Grant(s) \_\_\_ Federal Loan(s) \_\_\_ Other \_\_\_

1. What other financial assistance will you have?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Current GPA (if returning to SwCC): \_\_\_ Are you on any form of suspension? \_\_\_\_

# Family Information

Spouse Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_ Relationship: \_\_\_\_\_\_\_

Dependents Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_ Relationship: \_\_\_\_\_\_\_

Dependents Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_ Relationship: \_\_\_\_\_\_\_

Dependents Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_ Relationship:\_\_\_\_\_\_\_

# Family References (required)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_ **Academic Information**

High School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA: \_\_\_\_

Other Schools or Colleges Attended

1. School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA: \_\_\_\_

1. School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA: \_\_\_\_

1. School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA: \_\_\_\_

# Church Affiliation

How long have you been a member of the Church of Christ? \_\_\_\_\_\_

Home Congregation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minister: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of Membership at Congregation: \_\_\_\_\_\_\_\_ Ministry Involvement at Congregation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read, complied and agreed to all of the requirements and stipulations regarding this scholarship. I have completed this application process in good faith and have only submitted information and documentation that is accurate to my knowledge.

# Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

In the event that I am awarded a scholarship from the J.S. Winston Sound Doctrine Foundation, I agree to financially support the foundation following my departure from Southwestern Christian College.

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_**

# FOR OFFICE USE ONLY

**Date Received: \_\_\_\_\_\_\_ Approved: \_\_ Declined: \_\_ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Reviewed: \_\_\_\_\_\_\_\_\_ Award Amount: \_\_\_\_\_\_\_\_\_**

**J. S. WINSTON SOUND DOCTRINE FOUNDATION**

**P O BOX 763503**

**DALLAS, TEXAS 75376-3503**

**PHONE:972.333.3323**

**Website: jswinstonsdf.org**

**Email:** **jswinstonsdf@yahoo.com**