



Revision Church Atlanta Scholarship

Student Application

Applicant Information			
Full Name:			Date:
<i>Last</i>	<i>First</i>	<i>M.I.</i>	

Address: _____

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone: _____ Email: _____

Are you a member of Revision Church Atlanta? YES NO

Name of Current School Enrolled _____

School Address: _____

Degree: _____

Are you a first time freshman? YES NO

Are you a full-time or part-time college student? _____

If no, what year are you? (Ex. Sophomore) _____

Did you graduate High School? YES NO High School Name: _____

GED YES NO _____

References

Please list

three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

FAQS

- Students must be full-time
- Student or parent(s) must to be a member of the Revision Church Atlanta
- A copy of the students **full-time enrollment verification (letter)** and this **completed application** should be emailed to Joy.Walker@revisionchurchatlanta.org.
- The deadline to submit all applications is **September 17th by 11:59 PM**