**CLF SCHOLARSHIP APPLICATION**

**To be completed by student**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name |  | Last Name |  | |
| City |  | State/  Providence |  | |
| Country |  | Date of Birth  (MM/DD/YYYY) |  | |
| Church/  Organization |  | Title |  | |
| E-mail |  | Cellular Number |  | |
| List of the CLF events participated: | | | | |
| Name of the Event | | Date | Venue (City/Country) | |
|  | |  |  | |
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|  | |  |  | |
|  | |  |  | |
|  | |  |  | |
| Applicant’s Full name |  | | Date |  |
| By writing your full name and checking this box, you hereby give your consent on this document to the same effect as a written signature. | | | | |

To be completed by good news mission pastor

|  |  |  |  |
| --- | --- | --- | --- |
| Good News Mission Pastor’s Name |  | Date |  |