**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) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| 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 |  |