

APPLICATION
STEVE RISNER MEMORIAL SCHOLARSHIP FUND

Name _____

Address _____

Preferred Contact Information

Phone Number _____ Alternate Phone Number _____

E-mail address _____

Preferred Contact Method (phone, text, email, other) _____

Anticipated dates in Dayton, OH area between February 15 and May 15 _____

Ministry Calling _____

Home Church _____

Christian Service completed _____

Educational Institute Attending _____

Ministries Involvement _____

High School Attended _____

Extra Curricular Activities _____

Awards/Honors Earned _____

ATTACHMENTS: Please attach the following documents to complete your application.

- Your personal testimony of your Christian experience
- Your vocational plans
- Financial Need Worksheet
- High school and/or college transcripts
- Three letters of recommendation