

***APPLICATION***  
**Edna McCormack Memorial Scholarship**

Name \_\_\_\_\_ G.P.A. (required) \_\_\_\_\_

Address \_\_\_\_\_

— (Street) (City) (State) (Zip)

Major Area of Study \_\_\_\_\_ Institution \_\_\_\_\_

<u>Financial Resources Available</u>	<u>Annual</u>
Student's Personal	\$ _____
Family	_____
Scholarships/Grants	_____
Loans	_____
TOTAL	\$ _____

Please provide a short written personal statement, including your goals, when you plan to finish the degree, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Forward 3 recommendations to your student financial aid office. Your application will not be processed until all recommendations are received.

Signed \_\_\_\_\_

**TO BE COMPLETED BY THE FINANCIAL AID OFFICER:**

This student's estimated costs for one year are:  
room and board \_\_\_\_\_  
tuition \_\_\_\_\_  
other expenses \_\_\_\_\_

This student's financial aid package consists of:  
scholarships \_\_\_\_\_  
grants \_\_\_\_\_  
loans \_\_\_\_\_  
other \_\_\_\_\_

**Student's expected family contribution as determined by FAFSA** \_\_\_\_\_

**This student is enrolled and has an unmet need of \$** \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Institution \_\_\_\_\_

**APPLICATION AND ALL THREE RECOMMENDATION FORMS MUST BE  
RETURNED TO THE FINANCIAL AID OFFICE ON OR BEFORE APRIL 15.**

3/2009

## **EDNA McCORMACK MEMORIAL SCHOLARSHIP FUND**

Scholarships are available to students attending any of the Nazarene institutions of higher education.

Ambrose University College  
Eastern Nazarene College  
MidAmerica Nazarene University  
Mount Vernon Nazarene University  
Nazarene Bible College  
Nazarene Theological College-Manchester  
Nazarene Theological Seminary  
Northwest Nazarene University  
Olivet Nazarene University  
Point Loma Nazarene University  
Southern Nazarene University  
Trevecca Nazarene University

### **GUIDELINES**

All persons eligible for scholarships must meet the following requirements:

- A. Must be a born again Christian.
- B. Must be admitted to the college or seminary before consideration for a scholarship.
- C. Scholarships are granted for one year. Payment should be divided equally by terms by the Financial Aid Office. If the student fails to attend one or more terms during the year, that portion of the scholarship must be returned to the International Board of Education. If the recipient maintains a fair grade, a scholarship may be granted for the second year.
- D. A scholarship is to be applied to tuition, fees, books, board, or room charges.

Applications and three recommendation forms should be made available at the Financial Aid Office. When completed and certified by the Financial Aid Officer, please see that the applications are mailed to:

International Board of Education  
Church of the Nazarene-Global Ministry Center  
17001 Prairie Star Parkway  
Lenexa, KS 66220  
Fax: 913-577-0858  
Email: [bnajarian@nazarene.org](mailto:bnajarian@nazarene.org)

**RECOMMENDATION**

\_\_\_\_\_ has applied for a scholarship through the International Board of Education of the Church of the Nazarene.

Please complete a brief recommendation for the student and send directly to the Student Financial Aid Office. Please include personal knowledge of student and pertinent information on goals, etc.

Student's Country of Origin \_\_\_\_\_

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Signed \_\_\_\_\_

Title \_\_\_\_\_

Institution \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

**RETURN THIS FORM TO THE STUDENT FINANCIAL AID OFFICE**

**DEADLINE: April 15, 2009**

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Institution \_\_\_\_\_

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Signed \_\_\_\_\_

Title \_\_\_\_\_

Institution \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

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**DEADLINE: April 15, 2009**