



**Thelma Schottin Scholarship Fund**  
**Deadline – May 15**

**Eligibility Criteria:**

1. Student must be the child or grandchild of a missionary in a foreign country.
2. Maintain a GPA of no less than 3.0.
3. Must demonstrate financial need.

**Submission Questions:**

1. Is your parent or grandparent currently a missionary? \_\_\_\_\_
2. What country is your Parent or Grandparent currently a missionary? \_\_\_\_\_

Name \_\_\_\_\_ Z Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Campus Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_ Cumulate GPA \_\_\_\_\_ Year In College \_\_\_\_\_

Degree Enrolled In \_\_\_\_\_ Dorm on Campus \_\_\_\_\_ FAFSA Completion Date \_\_\_\_\_

The Thelma Schottin Scholarship Fund is a \$3000 award for the upcoming school year. Your contact information may be presented to the donor. By signing this application you have given your consent for the donor to contact you if desired.

As we discuss the candidates for this scholarship, we believe that all the information we receive from applicants and the University is truthful. In accordance with, please sign your name in the space below which will declare that all the information you have given to us in writing or verbally are accurate and not misleading in any way. Your signature will also affirm that you have read the accompanying guide to this application and agree with its contents. Thank you for your honesty.

*By signing below, I acknowledge that all the information provided above is true to the best of my knowledge.*

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Date*