

**Race Relations  
Multiracial Student Scholarship Fund  
New Applicant Form**

Christian  
Reformed  
Church  
in  
North America

*Please type or print **legibly** and send completed application by April 1 to:*

Christian Reformed Church in NA  
Office of Race Relations  
1700 28<sup>th</sup> Street SE  
Grand Rapids, MI 49508  
Fax: 616-224-0834

Name of Applicant: \_\_\_\_\_

Summer Address/Phone: \_\_\_\_\_

School Name/Address/ Phone: \_\_\_\_\_

Parent Name/Address/Phone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ N/A \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_  
**(Required)**

Email: \_\_\_\_\_  
**(Required)**

Email: \_\_\_\_\_  
**(Required)**

Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender:  Female  Male

Number of Dependents: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

High School or College Attended \_\_\_\_\_ GPA: \_\_\_\_\_

College/Seminary Attending: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Number of Years Attending This School: \_\_\_\_\_ Current GPA: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Present Grade Level: \_\_\_\_\_ Major: \_\_\_\_\_

Vocational Goal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(continue on back)

Special Interests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(continue on back)

Please write a paragraph about your personal history and family:

---

---

---

(continue on back)

Please write a paragraph about your Christian faith:

---

---

---

(continue on back)

Because Race Relations is particularly interested in aiding in the development of Christian leaders, please write about your Christian leadership goals.

In your church:

---

---

---

(continue on back)

In your work:

---

---

---

(continue on back)

By signing this application, the student grants permission to his/her college to send his/her transcript, financial-aid information, and college-application information to the Office of Race Relations. The student also grants the Office of Race Relations permission to use the Race Relations Scholarship Grant Application information in promotion.

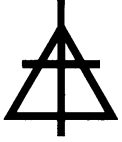
\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Commitment Clause: All students who receive a Race Relations Multiracial Student Scholarship are expected to participate in multicultural activities sponsored or recommended by the institution, as well as Race Relations workshop when available. The intention of this requirement is to prepare you early in your career for active leadership in our denomination. By signing below, you promises to participate in the above-mentioned activities.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



## Race Relations

### Multiracial Student Scholarship Fund Pastoral Recommendation Form

Christian  
Reformed  
Church  
in  
North America

*Please type or print legibly and send completed application by April 1 to:*

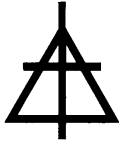
Christian Reformed Church in NA  
Office of Race Relations  
1700 28th Street SE  
Grand Rapids, MI 49508  
Fax: 616-224-0834

Applicant's Name \_\_\_\_\_

School Attending \_\_\_\_\_

Program of Study \_\_\_\_\_

The student mentioned above has requested your recommendation for the Race Relations Multiracial Scholarship. Please include your assessment of the applicant's personality, academic ability, Christian commitment, and ministry potential.



Christian  
Reformed  
Church  
in  
North America

## Race Relations Multiracial Student Scholarship Fund Financial Aid Form

*Please type or print legibly and send completed application by April 1 to:*

Christian Reformed Church in NA  
Office of Race Relations  
1700 28th Street SE  
Grand Rapids, MI 49508  
Fax: 616-224-0834

Applicant's Name \_\_\_\_\_

School Attending \_\_\_\_\_

Program of Study \_\_\_\_\_

I grant my permission to the financial aid office to release my financial information to the Office of Race Relations for the purpose of determining my financial need.

\_\_\_\_\_ Student Signature \_\_\_\_\_ Date

Financial-Aid Office: Please complete the table below. Any additional comments as to the student's financial need would be appreciated.

Estimated School Expenses		Estimated Financial Resources	
Tuition	\$	Family Contribution	\$
Room and Board	\$	Summer Job	\$
Transportation	\$	School Year Job	\$
Books	\$	Savings	\$
Personal:		Outside Awards	
Bank Notes	\$	Institutional Grants	\$
Judgments	\$	V.A. Educational Grants	\$
Child Care	\$	Loans	\$
Children's Christian Education	\$	Classical Aid	\$
Health Care (Insurance for independent students)	\$	Other	\$
Other	\$		
<b>TOTAL</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$</b>
Parental Income (If dependant student)	\$		
Spousal Income (if independent student)	\$	<b>Remaining Need</b>	\$

What is a reasonable parent contribution for this student? \$ \_\_\_\_\_  
Please include your comments on the reverse side of this sheet.

\_\_\_\_\_ Financial Aid Officer \_\_\_\_\_ Date