

Race Relations Multiracial Student Scholarship Fund Renewal Application

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
2850 Kalamazoo Ave. SE
Grand Rapids, MI 49560
Fax: 616-224-5895

Name, First/Last: _____ Summer Phone: _____
 Summer Street Address: _____ City: _____
 State: _____ Zip: _____ Student Email: _____ **(Required)**
 Parent Name, First/Last: _____ Phone: _____
 Street Address: _____ City: _____
 State: _____ Zip: _____

College/Seminary Attending: _____ Academic Year: 20____ - 20____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Phone: (____) _____ Number of Years Attending This School: _____ Current GPA: _____
 Cumulative GPA: _____ Present Grade Level: _____ Major: _____

Date of Birth: _____ Ethnicity: _____ Gender: Female Male
 Number of Dependents: _____ Church Affiliation: _____

Vocational Goal: _____

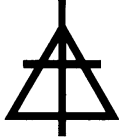
 _____ (over)

Personal Interests: _____

 _____ (over)

1. By signing this application, student grants permission to his/her college to send his/her transcript, financial information, and college application information to the Office of Race Relations. Student also grants Race Relations permission to use the scholarship application information in promotion
2. *By signing, I commit to participate in school-sponsored multicultural events, programs, and Race Relations workshops, when available, as part of my preparation for multiethnic leadership in our denomination.*

 Student's Signature Date



**Race Relations
Multiracial Student Scholarship Fund
Renewal Application
Financial Aid Form**

Please type or print legibly and send completed application to:

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To be completed by financial aid officer only

Applicant's Name: _____

School Attending: _____

Estimated College Expenses		Estimated Resources	
Tuition	\$	Family Contribution	\$
Room & Board	\$	Summer Job	\$
Books	\$	School Year Job	\$
Transportation	\$	Savings	\$
Personal:		Outside Award	\$
Bank Notes	\$	Institutional Grants	\$
Judgments	\$	V.A. Ed. Grant	\$
Child Care	\$	Loans	\$
Support from Extended Family	\$	Other	\$
Special Health Care	\$	Total	\$
Other	\$		
Total	\$	Parent Income	\$
Remaining Need	\$	Spouse Income	\$

Financial Officer Comments:

What is reasonable parent contribution for this student?	\$
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Other comments that will give Race Relations the most comprehensive picture of this student's needs:

Financial Officer Signature

Date