

Capital SHARP SCHOLARSHIP

DAVID J. SHARP MEMORIAL SCHOLARSHIP INFORMATION

Scholarships are given annually to deserving young people, in the memory of *David J. Sharp*, who laid down his life for his country on July 7, 1968.

The *David J. Sharp Memorial Scholarship* is valid toward an education at a Christian college or university (based upon the discretion of the Sharp Scholarship Committee) for undergraduate work and for students planning to attend full time (12 units or 16 quarter units). Scholarships are only applicable for traditional college attendance.

APPLICATION CHECKLIST

- STUDENT APPLICATION** to be filled out completely by the applicant. (See Form #2)
- THREE REFERENCE FORMS** to include SCHOOL OFFICIAL (principal, counselor, dean), CHURCH PASTOR (lead pastor or youth pastor), and PERSONAL (Christian mentor, employer, teacher, etc.). These forms are confidential and must be sent or emailed directly from these individuals to the Sharp Scholarship Committee. (See Form #3)
- LETTER FROM THE APPLICANT** to include the reasons for desiring the scholarship. Define your goals in life and why you feel led to a Christian institution. In this brief but concise letter, list church and school activities in which you have participated and what value you found in them.
- OFFICIAL HIGH SCHOOL AND/OR COLLEGE TRANSCRIPT** to be submitted directly from your current school to the Sharp Scholarship Committee.

AWARDING SCHOLARSHIPS

1. Involvement at Capital Christian Center is required.
2. Contribution to Capital Christian Center's youth or other programs offered by CCC.
3. Academic standing in school, senior high school evaluation, and recommendation forms.
4. Financial need.

APPLICATION DIRECTIONS | DUE MAY 24, 2019

Please submit all forms to the Administration Department by May 24, 2019.

Mail, email, or deliver in person to:
Capital Christian Center
Attn: Sharp Scholarship Committee
9470 Micron Ave
Sacramento, CA 95827

You may also access an online application at capitalonline.cc/sharpscholarship.

Please direct all inquiries to the Administration Department at 916-856-5683 x216 or email lynn.sheley@capitalonline.cc.

Capital SHARP SCHOLARSHIP

STUDENT APPLICATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Cell Phone: _____ Age: _____ Date of Birth: _____

Last four digits of Social Security # _____

School Currently Attending: _____

GPA: _____ Rank in Class: _____ of: _____

COLLEGE INFORMATION

First Choice: _____

Second Choice: _____

Major: _____

FAMILY INFORMATION

Father's First & Last Name: _____

Occupation: _____ Yearly Income: _____

Mother's First & Last Name: _____

Occupation: _____ Yearly Income: _____

Please list other brothers, sisters, or family dependents living with family. Include name, age, level of school or occupation: _____

FINANCIAL & CHURCH INFORMATION

Approximate amount parents can contribute to your education: _____

Amounts you have available toward your education (including savings, bonds, other sources of income, other scholarships, and awards):

Do you attend Capital Christian Center? _____ How Long? _____

In what activities are you involved at Capital? _____

I understand my application is not complete until all three references and my school transcripts have been received by the **Sharp Scholarship Committee**. Please sign below.

Student's Signature _____ Date: _____

Parent's Signature _____ Date: _____

STUDENT REFERENCE FORM

You are receiving this form because a student you know is applying for a financial scholarship to attend a Christian University. Serious consideration will be given to your comments. Your early response will be most appreciated as the applicant's file cannot be considered until all forms have been received by this office. Thank you for taking the time to help us in this way.

Applicant's First & Last Name: _____ Date: _____

How long have you known the applicant? _____

What is your relationship to the applicant? (School Official, Church Pastor, Personal) _____

Please add further comments you feel would be helpful to us. You may also attach a letter of recommendation for the applicant if you would prefer.

Name: _____ Position: _____

Address: _____

Signature: _____ Date: _____

APPLICANT PROFILE

	Excellent	Good	Fair	Poor	No Observation
Self-Control					
Committed Believer					
Diligent Student					
Teachable					
Home Background					
Personality					
Relationships					
Emotional Stability					
Initiative					
Leadership					
Dependability					
Judgment					

All forms must be submitted to Capital Christian Center by May 24, 2019.

Please direct all inquiries to Lynn Sheley at 916-856-5683 x216.

You may also email lynn.sheley@capitalonline.cc.

Please mail or deliver in person to:

Capital Christian Center

Attn: Sharp Scholarship Committee

9470 Micron Ave, Sacramento, CA 95827