

BLANCHE L. KING SCHOLARSHIP APPLICATION

SCHOLARSHIP ASSISTANCE FOR CHILDREN OF MISSIONARIES

STUDENT INFORMATION

Name: _____ Phone: _____

Mailing Address: _____
Street/P.O. Box City State Zip Code

Email: _____ Date of Birth: _____ Citizenship: _____

IPHC College of Enrollment: _____ Academic Year: _____

Major: _____ Prior term GPA: _____

PARENT INFORMATION

Name(s): _____

Address: _____

Phone: _____ Email: _____

Missionary Status: _____ Country: _____

APPLICANT REQUIREMENTS

1. Submit a one-page, double-spaced essay that includes the following:

- Why you need the scholarship
- Current involvement in ministry
- Your personal goals

2. Application must be postmarked by **July 1st**.

Signature: _____ Date: _____

PLEASE RESUBMIT THIS APPLICATION, ALONG WITH ESSAY, TO:

EMAIL:

WOMEN@IPHC.ORG

OR

PRINT AND MAIL :

IPHC WOMEN'S MINISTRIES
P.O. BOX 12609 | OKLAHOMA CITY, OK 73157