

*Sisters & Brothers Outreach Ministries, Inc.*

P.O. BOX 12  
E'Port  
Elizabeth, NJ 07206  
c/o Pastor Sheila Fall  
908-994-9797

**SCHOLARSHIP FUND APPLICATION**  
(SCHOLARSHIP)\*

**STUDENT NAME:** \_\_\_\_\_  
**(PRINT NAME)**

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**HIGH SCHOOL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**MAJOR:** \_\_\_\_\_ **DATE OF GRADUATION:** \_\_\_\_\_

\_\_\_\_\_  
**NAME OF COLLEGE, BUSINESS, TRADE SCHOOL, ETC.**

**ADDRESS:** \_\_\_\_\_

**MAJOR:** \_\_\_\_\_ **WILL BE ATTENDING:** \_\_\_\_\_ **YRS.**

**PARENTS/GUARDIANS NAME:** \_\_\_\_\_ **DATED:** \_\_\_\_\_  
**(SIGNATURE)**

***PLEASE PROVIDE THE FOLLOWING WITH YOUR APPLICATION:*** A copy of your final report card and an official acceptance letter from the college and/or school attending (first year students). All recipients must submit a three page essay on the importance of education and the goals they wish to achieve "Life Without Education" (Award is not based on essay or financial need).

All applications must be mailed in by July 17, 2004 no exceptions! All awards will be awarded in August, 2004. Please mail your information to the following address above.

*I hereby submit the following information given is true and agree that if any statement is false will disqualify me from receiving this and any other award.*

*Dated:*

\_\_\_\_\_  
*(Signature)*