



SOMERSET CHRISTIAN COLLEGE

application

Ministerial or Alumni Dependent Grant

Name of Applicant: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Somerset Christian College awards a \$1,000 annual grant to dependents of Alumni or full time Christian workers, ministers or missionaries. Please check the category that applies to the applicant, complete the corresponding section, and return to: Admissions Office, Somerset Christian College, 10 College Way, Zarephath, NJ 08890.

I hereby certify that I am a graduate alumnus of Somerset Christian College, or Zarephath Bible Institute, and the applicant is my dependent son or daughter or other dependent. Year of graduation:

Alumnus' Signature: _____ Date: _____

I hereby certify that I am a Christian worker, minister or missionary, and the applicant is my dependent son, daughter or other dependent. I understand that this certification means that I am currently on a church, district, or missionary staff and my major source of income is paid by a Christian para-church organization, church, district or mission board.

Name of Ministry: _____

Address: _____

City/State/Zip: _____

Phone: _____ Web Site: _____

Role in organization: _____

Minister's Signature: _____ Date: _____