



RE-APPLICATION FOR SCHOLARSHIP RECIPIENTS

RELEASE FOR ADDRESS & GRADES

As a recipient of an Alexander Christian Foundation scholarship, I give permission for a representative from said foundation to be given my grades and address upon request.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

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REAPPLICATION QUALIFICATIONS

I have GPA of 3.0 or higher.

My planned vocation will have me serving within a church or mission setting.

Vocation\_\_\_\_\_

I am currently pursuing this church related vocation.

I will be attending college full-time.

I have not already received scholarship help from ACF for 8 semesters (if undergrad).

I have not already received scholarship help from ACF for 4 semesters (if graduate student).

(If you are unsure, please call the ACF office at 317-467-1223, or email us at [Judith@acfindiana.org](mailto:Judith@acfindiana.org))

I have completed my ACF presentation to my church

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

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# ACF PRESENTATION FORM

ACF Recipient Name \_\_\_\_\_

Home Church \_\_\_\_\_

Individual's Name and Title of Group Receiving Presentation

\_\_\_\_\_  
\_\_\_\_\_

Date of Presentation \_\_\_\_\_

Signature of Church Representative \_\_\_\_\_