

# Cross Family Memorial Ministry Scholarship Program Contract

This agreement outlines the responsibilities and expectations of students participating in the **Cross Family Memorial Ministry Scholarship Program**. By signing this contract, the student agrees to fulfill all obligations required to maintain their scholarship eligibility.

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## Student Information

- **Full Name:** \_\_\_\_\_
  - **Student ID Number:** \_\_\_\_\_
  - **Academic Program:** (please circle)
    - Christian Studies Major
    - Christian Studies Minor
  - **Date:** \_\_\_\_\_
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## Program Responsibilities:

As a recipient of the Ministry Scholarship, I agree to:

### 1. Academic Standards

- Maintain a **minimum cumulative GPA of 2.0**.

### 2. Ministry Residency

- Serve in a **volunteer capacity at my home church** or an approved ministry organization during each semester.
- Submit a **Ministry Residency Report** at the end of each semester, completed and signed by my supervisor or senior pastor, detailing my service activities.

### 3. Chapel Team Participation

- Actively participate on the **Southwestern Christian University Chapel team** during each semester I receive the scholarship.

### 4. Student Ministerial Alliance (SMA) Membership

- Maintain **active membership** in the **Student Ministerial Alliance (SMA)**.
- Attend and participate in at least **75% of SMA events**, including:
  - Regularly scheduled meetings held on campus.
  - Campus-wide events hosted by SMA.
  - Two **mandatory off-campus leadership development experiences** per academic year.

### 5. Ethical and Spiritual Conduct

- Uphold the values and mission of Southwestern Christian University as a representative of the Ministry Scholarship Program.

- Demonstrate Christian character and integrity in all areas of life, including academics, ministry, and interpersonal relationships.

## **6. Scholarship Continuation**

- I understand that failure to meet these responsibilities may result in:
    - Probationary status.
    - Reduction or loss of the scholarship.
    - Removal from the program.
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## **Acknowledgment and Agreement**

By signing below, I acknowledge that I have read, understand, and agree to the responsibilities and expectations outlined in this contract. I understand that my participation in the Ministry Scholarship Program is contingent upon my adherence to these terms.

If I encounter challenges in fulfilling these responsibilities, I will promptly communicate with the program coordinator to seek guidance and support.

**Student Name:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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## **For Office Use Only**

- Program Coordinator Name: \_\_\_\_\_
  - Coordinator Signature: \_\_\_\_\_
  - Date: \_\_\_\_\_
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## **Submission Instructions**

Please return the signed contract to the Office of Admissions or the program coordinator before the start of the semester.