SOUTHWESTERN CHRISTIAN UNIVERSITY Lonnie Rex Scholarship Application

Each year the scholarships will assist two deserving SCU students of outstanding intellect and impeccable character, who are committed to the service of others, and who show promise of becoming leaders capable of addressing important issues and challenges facing humanity worldwide. Music majors will be given priority in the application process. Beyond his global recognition as a humanitarian, Dr. Rex was the epitome of a servant leader that used his musical gifts to increase the Kingdom and magnify God. Through this scholarship the heart of Dr. Lonnie Rex will live on through the graduates of Southwestern Christian University.

(Applicants may apply through the financial aid office. The award will be made in the fall and spring semesters.)

SCHOLARSHIP CRITERIA:

In order to be considered for this scholarship the applicant must meet the following criteria:

- The student must be full time (enrolled in at least 12 hours).
- Recipients must maintain a cumulative GPA of 3.0 or higher.

| PERSONAL INFORMATION: | | | |
|---------------------------------|----------------|---------------|----------|
| Name | Арр | olying for Ye | ar 2020 |
| Address | | | |
| Street/PO Box | City | State | Zip Code |
| Phone () | Date of Birth | | |
| Age Sex | Name of Pastor | | |
| Name/Address of Church | | | |
| | | | |
| Street/PO Box | City | State | Zip Code |
| IPHC Conference (if applicable) | | | |

EDUCATIONAL INFORMATION:

| Major Field of Study | |
|--|--|
| Minor Field of Study | |
| Expected Date of Graduation | GPA |
| Grade Level: \square Fr \square So \square Jr \square Sr | Enrollment Status |
| FINANCIAL INFORMATION: | |
| Estimated Cost per Year (Tuition, Housing, | Books, etc.) |
| Expected Family Contribution (EFC) | |
| Total Amount of Financial Aid Package | |
| PERSONAL GOALS: | |
| In the space provided, please provide a state which your educational pursuits relate to yo | ement of your personal goals, and the ways in u becoming a Godly leader in ministry. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Signature | Date |

Please remit this application to:

SCU FINANCIAL AID OFFICE P.O. BOX 340 BETHANY, OK 73008