



Sudan Rebirth Ministry
2005 Robindale Avenue
Lancaster PA 17601-3826

SCHOLARSHIP APPLICATION (check one)

NEW
 CONTINUING

School Term Beginning (month/year) _____

First Name: _____	Last Name: _____
Middle Name: _____	Phone: _____
Address: _____	Email: _____
City: _____	Citizenship: _____
Country of Residence _____	Gender: _____

Date of Birth: _____	Place of Birth: _____
Father's Name: _____	Age: _____
Mother's Name: _____	Age: _____
If applicable, Student's Guardian: _____ Relationship to student _____	
Reference (friend, relative (<i>may not be a parent or guardian</i>), clergy): _____	
Address: _____	Country: _____

Primary School Grade Completed: _____	Year Completed: _____
Name of School: _____	City & Country: _____
Secondary School Grade Completed: _____	Year Completed: _____
Name of School: _____	City & Country: _____
Highest University Year Completed: _____	Year Completed: _____
Name of University: _____	City & Country: _____
Degree Earned: _____	Degree Sought: _____

School to be attended for this application: _____		
Grade Level for this application: _____	Address of school: _____	
Country: _____		
Distance from student's residence to the school: _____		
Amount of Request: Tuition & Fees (one term): \$ _____	Living Expenses: \$ _____	
Living Expenses will be used for: _____		
Scholarship funds to be sent to (school, church, bank etc.): _____		
Preferred Method: <input type="checkbox"/> Bank Transfer <input type="checkbox"/> Western Union <input type="checkbox"/> Money Gram		
Bank/School Address: _____	Country: _____	
Phone: _____	Fax: _____	Email: _____
Bank Routing Number: _____	Account Number: _____	

To be completed by student applicant:

-If this is a **NEW** application, please write a paragraph in your own words, that describes you and tells why this scholarship and attending school is important for you. If the student does not write in English, the student will compose the paragraph which can then be translated by the reference.

-If this is an application for **continuing** scholarship, please explain how you are contributing to your country, community, and/or church, which is a requirement of the scholarship.

To be completed by *Reference :

Please tell us how long and in what capacity you are familiar with this student. Please include your comments regarding 3 (three) positive attributes you see in this student. (Write on the back of this application or attach a separate page)

*Please make sure application is complete before it is given to the Community Coordinator.

Community Coordinator: Please work with the applicant, reference, and school officials to attach the following information to this application:

_____ An attendance record of the Student's previous two years of education if this is a **NEW** application

_____ A transcript of the Student's previous two years of education if this is a **NEW** application

_____ A transcript which would include an attendance record of the previous term if this is a **CONTINUING** application

_____ A discipline record if there is one (for both **NEW** and **CONTINUING**)

_____ A dated photo of the Student if this is a **NEW** and **CONTINUING** application

Thank you for applying. We will do our best to serve as many students as possible. God bless you.

If you have questions, you may contact the Chair of Sudan Rebirth Ministry Board of Directors,

Kent E. Kroehler:

Phone: 001-717-725-2813

Email: kent.joy32@gmail.com

Please send this application and attachments to the Scholarship Committee at the email address above by **July 1** of the year you are applying for the fall term or by **October 1** if you are applying for the spring school term.