



Centerpoint Church Application for
PERSPECTIVES STUDY PROGRAM SCHOLARSHIP
 The Carolyn Harris Memorial Sending Fund

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|----------------|----------------------|--------------|----------------------|
| Name | <input type="text"/> | Date | <input type="text"/> |
| Address | <input type="text"/> | Email | <input type="text"/> |
| | | Phone | <input type="text"/> |

Describe the reasons why you have chosen to participate in the Perspectives Study Program and your expectations:

CLASS FINANCING

Class Dates:

Cost of Class:

Level:

- Key Reading Level
- Certificate Level
- College Credit Level

Centerpoint Church Affiliation:

- Member of Centerpoint
- Associated with a Centerpoint supported organization
Please specify: _____
- Regular Attender of Centerpoint
- No affiliation with Centerpoint

Do you give regularly to the Carolyn Harris Sending Fund?

- Yes
- No

Have you previously received funding from the Carolyn Harris Sending Fund?

- Yes
- No

If so, when? _____

I understand that all approved reimbursements for the following amounts will be made upon evidence of successful completion of course requirements.

- Key Reading Level:** 33% of Registration Fees
- Certificate Level:** 50% of Registration Fees
- College Credit Level:** 50% of Registration Fees

Signature: _____

Date: _____

Please return completed application and documentation of payment within two weeks of the first class to the Missions Ministry of Centerpoint Church
 2345 North 10th Street, Kalamazoo, MI 49009 | 269-375-4815



OFFICE USE ONLY

Date application received _____
 Date approved _____
 Date of check requisition _____

Support Approved _____
 Notification date _____