

# The Way of the Cross Church of Christ International



## National Youth for Christ Memorial Scholarship

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## APPLICANT ELIGIBILITY FORM

I, \_\_\_\_\_, am the pastor of  
(print pastor's name)

\_\_\_\_\_ Way of the Cross  
(print name of church)

Church of Christ, Inc. I certify that \_\_\_\_\_  
(print applicant's name)

is a member in good standing with the aforementioned church and is

eligible to receive the National Youth for Christ Memorial Scholarship.

\_\_\_\_\_  
**Pastor's Signature**

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