



CHRISTIAN MINISTRY SCHOLARSHIP

Applicant Information

Full name: _____

Address: _____

Email: _____

Phone: _____

I certify that my spouse or I are employed in Christian Ministry: ☐

Yes, I have applied for the EdChoice or Hope Scholarship for my children (K-12): ☐

Employment Information

Ministry position: _____

Employer name: _____

Employer address: _____

Employer contact name: _____

Employer contact email: _____

Employer contact phone: _____

Terms and Conditions

A recipient of the Christian Ministry Scholarship must meet the standard admissions guidelines and be accepted to East Richland Christian School. The scholarship will be applied to the family's FACTS account and may cover a student's tuition balance after other scholarships have been applied.

By signing below, I agree to the terms and conditions as stated above.

Signature: _____ Date: _____

Submit the completed application to:
April Woods, Administrator
East Richland Christian Schools
740-695-2005 Elementary Office