



1/2017

# OCEAN CITY TABERNACLE

## Dana Kull Memorial Scholarship for Christian Vocations Application

The Ocean City Tabernacle Scholarship Committee will determine all awards. Students may be required to interview for these awards.

This form should be returned by April 15, to be eligible for fall semester scholarships.

### I. BIOGRAPHICAL INFORMATION

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Home Address (Number, Street Name)

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Cell E-mail

\_\_\_\_\_  
Name of High School, City, State Year of Graduation Grade Point Average

\_\_\_\_\_  
Name and Location of any Post-high-school Studies Courses of Study Years of Study Grade Point Average

\_\_\_\_\_

\_\_\_\_\_

### II. ABOUT YOUR PLANNED STUDY

\_\_\_\_\_  
Name and Address of Place of Study

\_\_\_\_\_  
Proposed Major/Curricula, leading to what degree

\_\_\_\_\_  
Other pertinent information such as costs of the program

### III. AREAS OF CHRISTIAN SERVICE

\_\_\_\_\_  
Place and Responsibility Dates

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



#### IV. REFERENCES

Please ask these individuals to write a letter of reference directly to Ocean City Tabernacle, 550 Wesley Ave., Ocean City, NJ 08226. Ocean City Tabernacle may contact these references on your behalf in consideration for an award.

1. \_\_\_\_\_  
 Last Name First Name

\_\_\_\_\_

Home Address (Number, Street Name)

\_\_\_\_\_

City State Zip Code

\_\_\_\_\_

Relationship to Applicant Phone

2. \_\_\_\_\_  
 Last Name First Name

\_\_\_\_\_

Home Address (Number, Street Name)

\_\_\_\_\_

City State Zip Code

\_\_\_\_\_

Relationship to Applicant Phone

#### V. ESSAYS

Please attach your answers to the following questions.

1. Describe the type of Christian Service you have provided. Choose two qualities which you believe characterize your service style and have been demonstrated in your various involvements.
2. Describe your vocational plans.

#### VI. ATTACH YOUR FAFSA FORM AND PARENTS' FEDERAL TAX RETURN

**I hereby grant permission to release my academic and parental contribution information to the Ocean City Tabernacle Scholarship Committee.**

\_\_\_\_\_  
 Signature Date

Return application to: OCEAN CITY TABERNACLE  
 550 WESLEY AVE.  
 OCEAN CITY, NJ 08226



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OCEAN CITY TABERNACLE  
**Dana Kull Memorial Scholarship for Christian Vocations Application**

Checklist of required materials:

- \_\_\_\_\_ Ocean City Tabernacle Application
- \_\_\_\_\_ Essay describing your sense of call, commitment to Christ, and vocational plans
- \_\_\_\_\_ Documentation of costs of proposed program
- \_\_\_\_\_ Any documents related to current or previous Christian service

To be sent directly to Ocean City Tabernacle:

- \_\_\_\_\_ Official transcripts of all work completed
- \_\_\_\_\_ Two letters of reference

**OCEAN CITY TABERNACLE**

550 WESLEY AVE.  
OCEAN CITY, NJ 08226

609.399.1915  
WWW.OCTABERNACLE.ORG