**Berger (Delores Arlene) Scholarship**

Name:

Home Address:

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Church:

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth date:

Graduation Date:

MCC Major:

College GPA:

Applicants must complete the following and paperclip **(DO NOT STAPLE)** to this application:

-Full Time Student

-Has a Physical Disability

-Gainfully Employed

Completed applications must be submitted by **5:00p.m. on Monday, April 2, 2018** to:

 Manhattan Christian College

 Student Financial Services Office

For additional information, please contact Jenna Keck at jenna.keck@mccks.edu

**Berger (Delores Arlene) Scholarship**

Applicant’s Name:

Advisor’s Name:

#  **Professor Recommendation**

Please return by 5:00 pm, April 2, 2018

In regard to the above-named applicant, please indicate your response to the following statements by circling the corresponding number:

**1** – Disagree strongly; **2** – Disagree; **3** – Don’t Know/No opportunity to observe; **4** – Agree; **5** – Agree Strongly

1. Meets above-average standards in class attendance.

 **1 2 3 4 5**

1. Is conscientious and dependable.

 **1 2 3 4 5**

1. Consistently tries to present his/her best efforts in class.

 **1 2 3 4 5**

1. Is cooperative and encouraging to other students.

 **1 2 3 4 5**

1. Consistently seeks to model Christ in attitude and behavior.

 **1 2 3 4 5**

1. Appears committed to completing his/her education.

 **1 2 3 4 5**

1. Is committed to a future in active Christian ministry.

 **1 2 3 4 5**

1. I recommend this student without reservation for the 2018-2019 Berger (Delores Arlene) Scholarship. □Yes □No