



# NORTH ARKANSAS DISTRICT NAZARENE MISSIONS INTERNATIONAL

## APPLICATION FOR COLLEGE/GRADUATE SCHOOL SCHOLARSHIP

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET

CITY

STATE

ZIP CODE

TELEPHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

HOME CHURCH \_\_\_\_\_

COLLEGE/GRADUATE SCHOOL ATTENDING \_\_\_\_\_

MAJOR FIELD OF STUDY \_\_\_\_\_

YEAR OF STUDY:  Junior  Senior  Graduate

PLEASE ATTACH THE FOLLOWING:

1. A BRIEF NARRATIVE EXPLAINING YOUR CALL AND YOUR INVOLVEMENT AND PARTICIPATION IN MISSIONS.
2. A LETTER OF RECOMMENDATION FROM YOUR PASTOR.
3. A LETTER OF RECOMMENDATION FROM A PROFESSOR.

MAIL THE COMPLETED FORM TO:

JIM LYNCH  
1746 N. INDEPENDENCE PL.  
FAYETTEVILLE, AR 72704

OR EMAIL THE COMPLETED FORM TO: [narknmi@hotmail.com](mailto:narknmi@hotmail.com)



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