

**The Way of the Cross Church of Christ International**  
*National Youth for Christ Memorial Scholarship*

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State of Pennsylvania

Sis. TimMarie Williams, Ph.D.  
State of Texas

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State of Virginia

**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**



**APPLICATION FOR THE 2010-2011 ACADEMIC YEAR**