



APPLICATION

Gallagher Charitable International MK Scholarship II
www.TravelwithGallagher.com

Submit to: Teri Karges Local: 843-863-7050
Charleston Southern University Toll Free: 800-947-7474
P.O. Box 118087
Charleston, SC 29423-8087

Office Use Only:
Date Application Rec'd
E-mail: financialaid@csuniv.edu
www.charlestonsouthern.edu

This application should be returned to Teri Karges, Director of Financial Aid at Charleston Southern University no later than June 1 of each academic year to be considered for this scholarship. Please answer or complete every item in each section to avoid a processing delay. Print legibly or type this application. All applicants will be notified no later than June 30 for the following scholastic school year.

SECTION I - PERSONAL RECORD

Name: _____

(Last) (First) (MI)

Permanent Mailing Address _____

(Number) (Street) (City) (State) (Zip)

Telephone (H) _____ (Cell) _____ Date of Birth _____ Sex _____

E-Mail Address _____

Parent/Legal Guardian Name: _____

(Last) (First) (MI)

Parent/Guardian Address _____

(Number) (Street) (City) (State) (Zip)

Telephone (H) _____ (Cell) _____ Email Address _____

SECTION II - ELIGIBILITY INFORMATION

1. Name and address of the accredited Christian college or university you will be attending:

Name _____

Address _____

City, State, Zip _____

2. Date of enrollment: _____

3. Number of hours enrolled: _____

4. Name of Missio Nexus member organization family/legal guardian is associated with to include address, telephone number and contact:

Name _____

Address _____

City, State, Zip _____

Phone _____ Contact _____

5. As of the date of this application my family/legal guardian has been firmly and faithfully committed to the ministry of International Missions work through a Missio Nexus member organization for _____ years.

SECTION III - STUDENT STATEMENT

I understand that providing false information gives Charleston Southern University the right to declare me ineligible to receive financial aid assistance from Gallagher Charitable Scholarships as administered by Charleston Southern University. I understand that submission of this application is not a guarantee to receive financial aid assistance. I understand that selection of scholarship recipient(s) is at the sole discretion of Charleston Southern University in accordance with the established guidelines for administration of this scholarship award. By signing below, I certify the above statements are true and that this application is complete and accurate.

Signature (print & sign) _____ Date _____