

Jacksonville College
MK Scholarship Eligibility Form

Please complete and submit the following information via fax or email. Contact information below.

STUDENT INFORMATION

NAME: _____ DOB: _____

PASSPORT COUNTRY: _____ RESIDENCE COUNTRY: _____

TYPE OF HIGH SCHOOL ATTENDED:

_____ International with standard American curriculum

_____ International with standard British curriculum

_____ IB curriculum

_____ National school in country of _____

_____ Other: _____

PARENT INFORMATION

NAME(S): _____

SENDING AGENCY: _____

Service from _____ to _____ Service region _____

I understand the MK Scholarship is for dependents of active missionaries from like-faith ministries. By signing this form, I authorize my sending agency to confirm the accuracy of the information above to Jacksonville College. We do not disclose sensitive information to off-campus entities.

Signature(s)

Date

SENDING AGENCY INFORMATION

NAME OF AGENCY: _____

ADDRESS: _____

TITLE OF AGENCY REPRESENTATIVE: _____

By your signature, you are confirming accuracy of the service-related information above. Thank you.

Signature

Date