



**Apostle Eric F. Ricks Scholarship
Faith Deliverance Worship Center, Inc
Scholarship Fund Request Form
Please Return no later than June 30**

Student's Name: _____ Graduation Date: _____

Telephone: _____

Parent's Name: _____
Father Mother

Address: _____

City: _____ State: _____ Zip: _____

Name & Address of High School attended: _____

Name & Address of Post High School Institution in which you are planning to attend or attending

Requesting Scholarship Support for the Period beginning: _____
Month Year

*Please submit a letter of Recommendation from a teacher or school official

*Please submit a copy of Your Report Card or Grade Point Average

*Please submit a copy of your enrollment to a Post High School Institution

Student's Signature

Date

Father/Guardian's Signature

Mother/Guardian's Signature

***** Please attach a copy of school registration. Scholarship Support will be provided only upon proof of enrollment at a Post High School Institution. *****