

Student:	
ID:	 

## **SCHOLARSHIP FORM**

NAME:	PHONE:			
EMAIL:				
BILLING ADDRESS:				
CITY:		STATE: Z	IP CODE:	
CHURCH AFFILIATION:				
METHOD OF DONATION	N			
CHECK (attached)	☐ CREDIT / DEBIT CARD*	☐ ELECTRONIC FUND	TRANSFER**	
DONATION FREQUENCY				
☐ \$40 MONTHLY	☐ \$480 ANNUALLY			
TOTALS				
X Number of sponsored children = \$TOTAL DONATION				
*PAYING BY CREDIT CARD PLEASE PROVIDE THE INFORMATION BELOW AND RETURN TO SECURE FAX LINE, OR EMAIL TO joan@worldofgod.org.				
NAME AS ON CREDIT CARD:				
WAINE AS ON CREDIT CAR	<u>.                                    </u>			
BILLING ADDRESS:				
CITY:	SI	TATE:	ZIP:	
CREDIT CARD TYPE:	☐ MC ☐ VISA	AMERICAN EXPRESS	DISCOVER	
CREDIT CARD #		EXPIRATION:	CVV:	

## \*\* PAYING BY MONTHLY FUNDS TRANSFER FROM YOUR CHECKING ACCOUNT:

IF PAYING BY ELECTRONIC FUNDS TRANSFER, PLEASE MAIL OR SEND TO OUR **SECURE FAX** A CHECK FROM THE CORRECT ACCOUNT MARKED AS "VOID".

MAIL OR FAX COMPLETED APPLICATION TO: WORLD OF GOD, INC. 338 S. SHARON AMITY ROAD NO. 280 CHARLOTTE, NC 28211 Email: joan@worldofgod.org SECURE FAX: 704-919-5726 Voice: 704-575-0062 ATTN: JOAN FINN