



### LOVE FAMILY CHRISTIAN FOUNDATION LAMP OF LEARNING SCHOLARSHIP

The Love Family Christian Foundation has partnered with Judson University to scholarship under-resourced and 1st generation students who qualify for the “You Can Afford It Program.” The scholarship funding is to facilitate in minimizing student supply and resource expenses.

Students who qualify will receive \$500 for the 2-year program and \$1,000 for the 4-year program. Listed below is the criteria for scholarship qualification.

1. Student must be accepted by Judson University and qualify for the “You Can Afford It” Program.
2. Student must submit a 2 page essay describing how their faith and education will impact their community.
3. Student must submit 2 letters of recommendations.
4. Students must attend a 1-day leadership workshop seminar hosted by LFCF. The leadership workshop will cover Leadership Styles, Team Learning, Communication Skills and Conflict Resolution.
5. In partnership with Judson and LFCF, the student must volunteer at least 5 hours in community service per academic year of qualification.

Students will receive a stipend of \$250.00 per year each school year and must be in good standing academically.

If you have any questions, please contact Dr. Karen Love @847-650-1937 or email LFCF at [lfcf@lovefamilychristianfoundation.org](mailto:lfcf@lovefamilychristianfoundation.org). Looking forward to blessing into your future.

Dr. Karen C. Love  
Vice-Chairman  
Love Family Christian Foundation  
[www.lovefamilychristianfoundation.org](http://www.lovefamilychristianfoundation.org)



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: (City) \_\_\_\_\_ (ST) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Overall GPA: \_\_\_\_\_

Anticipated Major: \_\_\_\_\_

Anticipated Minor (If Applicable): \_\_\_\_\_

New Student: (Yes OR No) Circle One

Transfer Student (Yes OR No). IF yes, please indicate name of Transferring College or University. \_\_\_\_\_

I hereby authorize the release of the information that is a part of this application process to the LFCF Scholarship Committee to see the application. I certify all information is true to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_