

To qualify for a Harrison Griffith DeKay Scholarship an applicant must:

1. Be admitted into the M.A. in Clinical Metal Health Counseling or M.A. in Marriage & Family Therapy program
2. Demonstrate high academic potential
3. Demonstrate financial need

Please submit the following information with this application:

1. A brief, typed essay about your regard for Scripture
2. Evidence of Christian service

Last Name (Legal)	First	Middle	Maiden Name
Social Security Number	Birth Date (MM/DD/YY)	<input type="checkbox"/> Male <input type="checkbox"/> Female	U.S. Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No
Campus: <input type="checkbox"/> Atlanta <input type="checkbox"/> Chattanooga Schedule: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Term: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____			
Degree for which you are applying: <input type="checkbox"/> M.A. in Clinical Mental Health Counseling <input type="checkbox"/> M.A. in Marriage and Family Therapy <input type="checkbox"/> M.S. in Christian Psychological Studies			
PERMANENT MAILING ADDRESS			
Street Address			
City	State/Country	Zip Code	
Telephone ()	Daytime Telephone ()		
EDUCATION			
Undergraduate College/University GPA: _____		Major: _____	
Graduate College/University GPA: _____		Major: _____	
Graduate Record Exam (GRE): Verbal _____		Quantitative _____	
INCOME & EXPENSES (Please include the income of all household members who contribute more than \$500 per year to family income.)			
Wage Earner		Gross Annual Wages (From last year's W-2)	
_____		_____	
Child Support (total) _____ per year	How many people, including yourself, are dependent on the above incomes? _____		
Other income _____ per year			
Total family income _____ per year	Do you have children in college? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Estimated annual expenses			
Tuition, books & supplies _____	Food _____		
House payment/rent _____	Transportation (car payment, gas, etc.) _____		
Utilities _____	Personal (medical, clothing, recreation, etc.) _____		
	Insurance (other than payroll) _____		
	Total Expenses _____		

Please return your application materials to Richmond at:

**Richmont Graduate University
 Scholarship Committee
 1900 The Exchange • Building 100 • Atlanta, GA 30339 • 404-233-3949**