

ALABAMA DISTRICT COUNCIL of the ASSEMBLIES OF GOD
2019 SCHOLARSHIP APPLICATION
Deadline: March 31, 2019

Name _____ Phone _____

Address _____

Sex: F M Date of Birth ____/____/____ City State Zip
Are parents living? Father: yes ___ no ___ Mother: yes ___ no ___

Father's name _____ Occupation _____

Mother's name _____ Occupation _____

Guardian's name and address: _____

Your Email Address: _____ Other children in family? _____ How many older? _____ Younger? _____

Including yourself, how many children in the family will be attending college this fall? _____

It is a requirement of the scholarship program that recipients must attend an Assemblies of God college/university endorsed by the Commission on Christian Higher Education the Fall immediately following their graduation from high school or when advancing in their graduate or post-graduate work. Which endorsed A/G college do you plan to attend?

FINANCIAL NEED

In 50 words or less, describe your need for financial assistance to attend an Assemblies of God college.

What financial aid have you applied for and/or do you expect to receive for college? Describe and give amounts.

What financial assistance will you receive from your parents?

TOTAL ANNUAL FAMILY INCOME (Please check where appropriate.)

\$25,000 - \$40,000 ___ \$40,000 - \$55,000 ___ \$55,000 - \$70,000 ___ \$70,000 or more ___ \$100,000 or more ___

EMPLOYMENT RECORD (Start with your most recent work experience.)

Company/Employer	Type of Work	Avg. Hours Per Week	Dates	Name of Supervisor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please circle the scholarship(s) you feel you are eligible to receive:

Superintendent's \$5,000 Pastor's Dependent \$4,000 Church Ministry \$3,000 Distance Learning \$1,000

ACADEMIC ACHIEVEMENT

High School or College _____

Address of High School or College _____

City _____ State _____ Zip _____ Phone (____) _____

Name of guidance counselor _____ Phone (____) _____

Your graduation date _____ Your grade point average _____ on what scale? _____

Your rank in class: Number _____ in a class of _____ students

ACT _____ SAT _____ Other standardized test scores (specify) _____

What is your declared college major? _____

List all academic honors you have received. Include Honor Roll, National Honor Society membership, Beta Club, National Merit Scholar, etc. Be specific.

Honors	Explain	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EXTRACURRICULAR HIGH SCHOOL OR COLLEGE ACTIVITIES

MUSIC GROUPS

Group	Position/Awards/Office	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SPORTS TEAMS

Team	Position/Awards/Letters	Date(s)
_____	_____	_____
_____	_____	_____

OTHER HIGH SCHOOL OR COLLEGE CLUBS/ORGANIZATIONS (Examples: Speech/Debate, Newspaper, Student Government, Drama)

Club/Organization	Explain/List Positions, Honors	Date(s)

COMMUNITY ACTIVITIES (Examples: Junior Achievement, Rotary Club, Scouts, Special Olympics, Candy Striper, etc.)

Activity	Explain	Date(s)

CHRISTIAN SERVICE

Name of local church you attend _____

Church Address _____

Phone (____) _____

Name of current Pastor _____

YOUTH MINISTRY

List positions and/or responsibilities you have held in your youth group.

Position/Responsibility	Dates

List all youth group programs in which you have participated and level of participation, such as Fine Arts Festival, Bible Quiz, Ambassadors in Missions (AIM), Youth Alive, special youth projects, etc.

Program	Level (Local, Regional, National)	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHRISTIAN EDUCATION MINISTRY

List positions and the responsibilities you have held in the Christian Education programs at your church, such as Sunday School, Small Group Discipleship, VBS, nursery, Children’s Church, Royal Rangers, Missionettes, etc. Include regular Sunday School attendance.

Attendance/Position/Service	Date(s)
_____	_____
_____	_____
_____	_____
_____	_____

OTHER MINISTRY

Please list positions and responsibilities you have held in your church not previously listed under Christian Education or Youth Ministry. (Examples: Music, Drama, Usher, Visitation, Custodian, Praise Team, Nursing Home Outreach, etc.)

Position/Responsibility	Date(s)
_____	_____
_____	_____
_____	_____
_____	_____

ADDITIONAL INFORMATION

CHRISTIAN LIFE

Date and place of your conversion _____

Date and place of your baptism in water _____

Date and place of your baptism in the Holy Spirit _____

In 25 to 30 words, evaluate your personal spiritual growth and maturity, including a description of your personal devotions.

REFERENCES

Have you completed the top section of your High School or College and pastor's reference forms and requested that your reference send the completed forms to the district office? Yes _____ No _____ Please list the names of your references.

(Application will be considered incomplete without both references.)

High School or College reference (preferably your guidance counselor): NAME _____
TITLE _____

Pastor's reference (cannot be a relative): NAME _____
TITLE _____

***If your pastor is a relative, this reference should be from an associate pastor, elder, or deacon who knows you well.**

ESSAY ON COLLEGE

On a separate page express in **300** words or less how an Assemblies of God college education will help in the growth of your personal Christian experience and in preparation of your life's vocation. Please give your selected ministry/profession in this essay. Grammar and writing style will be evaluated. The judges prefer the essay to be typed. Please include a word count.

MISCELLANEOUS

Will you permit us to use pertinent data from this application and from references for articles in our publication?

Yes _____ No _____

Have you enclosed one (1) good recent photo for use in publicity? Yes _____ No _____

Have you requested that a copy of your most recent school transcript be sent to the office of the Alabama District Council?

Yes _____ No _____

(Application will be considered incomplete without photo and transcript.)

APPLICANT'S SIGNATURE

All the information I have provided on this application is true and accurate.

Signature _____ Date _____
(Applicant)

PASTOR'S SIGNATURE

All the information I have read in this application is true and accurate to the best of my knowledge.

Signature _____ Date _____

(Pastor's name printed or typed)

****It is the Student's responsibility to see that the completed application and all supporting documents are in the office of the Alabama District Council of the Assemblies of God, 5919 Carmichael Road, Montgomery, AL 36117 no later than March 31, 2019.**

HIGH SCHOOL OR COLLEGE REFERENCES
Alabama District Council Scholarship – Deadline: March 31, 2019

To be completed by APPLICANT:

Applicant's Name _____

Address _____ City _____ State _____ Zip _____

WAIVER FORM: I, _____ the undersigned, hereby voluntarily waive any right or privilege provided by Public Law 93-280 to inspect or challenge the content and comments expressed in this letter of recommendation. I expect that the observations made shall remain confidential between the writer and the person or organization to whom my file will be addressed.

Date _____ Signature _____

Everything Below To be completed by HIGH SCHOOL, COLLEGE, or GRADUATE SCHOOL REFERENCE:

(please check)	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Not Known</u>
Emotional Stability	_____	_____	_____	_____	_____
Personal appearance	_____	_____	_____	_____	_____
Moral character	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Cooperativeness	_____	_____	_____	_____	_____
Respect for authority	_____	_____	_____	_____	_____
Religious life	_____	_____	_____	_____	_____
Academic achievement	_____	_____	_____	_____	_____

In what way have you been associated with the applicant? (Principal, counselor, teacher, etc.) _____

How long have you been acquainted with the applicant? _____

Would you recommend this person, without reservation, for a college scholarship? _____ If "no," please explain on the reverse side.

To your knowledge, does the applicant use alcohol, tobacco, or illegal drugs? _____

PLEASE SEND A TRANSCRIPT of the applicant's work with this reference. In addition to the transcript, please complete this section.

Rank in class: Number _____ in a class of _____ students. GPA _____ on a scale of _____

If available, has applicant taken weighted honors courses? Yes _____ No _____ Not available _____

On the other side of this sheet please give any comment that you think would be of assistance in considering this applicant for a scholarship.

Standardized Test Scores

<u>Name of Test</u>	<u>Date Administered</u>	<u>Raw Score</u>	<u>Percentile</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature _____ Title _____

Please Print Your Name _____ Date _____

Phone Number _____ Email Address _____

**PLEASE MAIL or EMAIL COMPLETED FORM by MARCH 31, 2019 to dsharp@adcag.org, msharp@adcag.org,
OR Alabama Assemblies of God District Office - 5919 Carmichael Road - Montgomery, AL 36117-2507**

PASTOR'S REFERENCE

Alabama District Council Scholarship – Deadline: March 31, 2019

To be completed by APPLICANT:

Applicant's Name _____

Address _____ City _____ State _____ Zip _____

WAIVER FORM: I, _____ the undersigned, hereby voluntarily waive any right or privilege provided by Public Law 93-280 to inspect or challenge the content and comments expressed in this letter of recommendation. I expect that the observations made shall remain confidential between the writer and the person or organization to whom my file will be addressed

Date _____ Signature _____

Everything Below To be completed by PASTOR: *If you are a relative of the applicant, please have another pastoral staff person or a member of the church board complete this form.

Dear Pastor:

We believe that you are interested in the future of the young person from your church named above. He/She is applying for one of the tuition scholarships in the Alabama District Council of the Assemblies of God. Your cooperation in answering a few questions will be of great value in helping us to evaluate this application. A prompt reply will be deeply appreciated and held in confidence. Please note it is due by **March 31, 2019.**

How long have you been acquainted with the applicant? _____

Briefly describe why you believe the applicant is an outstanding member of your church and qualified for this scholarship.

Describe ways this person exhibits a consistent Christian witness. _____

To your knowledge, does the applicant use alcohol, tobacco, or illegal drugs? _____

On the reverse side of this form: 1) Please make a brief statement as to the financial status of the applicant. (Finances can be a factor, among others, in awarding this scholarship); 2) Please make additional helpful comments that will assist the committee in considering this applicant for a scholarship.

Do you endorse this applicant without reservation? Yes _____ No _____ If "no," please explain on the reverse side.

(Please check)	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Not Known</u>
Emotional stability	_____	_____	_____	_____	_____
Personal appearance	_____	_____	_____	_____	_____
Moral character	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Cooperativeness	_____	_____	_____	_____	_____
Respect for authority	_____	_____	_____	_____	_____
Church Involvement	_____	_____	_____	_____	_____
Spiritual life	_____	_____	_____	_____	_____

Signature _____ Title _____

Please print your name _____ Date _____

Name of church _____ District _____

Address of church _____ City _____ State _____ Zip _____

Phone Number _____ Your Email Address _____

PLEASE MAIL or EMAIL COMPLETED FORM by MARCH 31, 2019 to dsharp@adcag.org, msharp@adcag.org, OR Alabama Assemblies of God District Office - 5919 Carmichael Road - Montgomery, AL 36117-2507