

COLLEGE SCHOLARSHIP PROGRAM
KENTUCKY DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD

PURPOSE

To encourage and assist Assemblies of God young people who are called of God and are preparing to attend an Assemblies of God College or University in order to prepare them for ministry.

CRITERIA

1. Applicant must be enrolled as a full-time student at an Assemblies of God College or University.
2. Applicant must be an active member of a Kentucky Assembly of God church.
3. Applicant must have the potential for meeting the standards for ministry established by the General Council and the Kentucky District Council.
4. Applicant must have the recommendation of his/her pastor.
5. Applicant must complete all required forms provided for this purpose.
6. Applicant must have the recommendation of a professor or dean of the institution at which they are enrolled. In the case of a first semester freshman, a recommendation of a High School teacher or guidance counselor.
7. Applicant must submit a short essay (300 words or less) explaining God's call upon his/her life to ministry.
8. Applicant should submit evidence of financial need.
9. Applicant may reapply each semester if he/she is maintaining at least a 3.0 GPA (on a 4 point scale) and has met the above requirements. *See Scholarship Renewal Process

SCHOLARSHIP RENEWAL PROCESS

1. An applicant who is reapplying for a semester scholarship does not need to complete the entire application each semester, only the proof of full-time enrollment and current eligible GPA is required.
2. An applicant who has been accepted for an award in the previous semester must submit proof of full-time enrollment and the current GPA no later than May 15th for fall semester scholarship awards and January 15th for spring semester scholarship awards.
3. **Funds are disbursed as available. Applicants who fail to provide the required documents by the stated deadlines, will not receive funds.**

SCHOLARSHIP AWARDS

All scholarship awards are contingent upon the availability of funds. Award amounts for the Kentucky District College Scholarship Program are as follows:

- * College freshman are eligible for a scholarship of up to \$250 per semester for a maximum of two semesters.
- * College sophomores are eligible for a scholarship of up to \$375 per semester for a maximum of two semesters.
- * College juniors are eligible for a scholarship of up to \$500 per semester for a maximum of two semesters.
- * College seniors are eligible for a scholarship of up to \$750 per semester for a maximum of two semesters.

SCHOLARSHIP PROCESSING

1. All applications for scholarship with supporting documentation must be post marked no later than **May 15th**.
2. The Scholarship Committee will convene in June of each year and in conjunction with the DYD will determine eligibility and award amounts. The decision of the Committee will be final.
3. Each applicant will be notified by mail of the decision of the Committee no later than July 31.

***APPLICATION FOR COLLEGE SCHOLARSHIP PROGRAM
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Upon completion mail application to:
Kentucky District Council
P.O. Box 959
Crestwood, KY 40014
Attention: Scholarship Committee

Instructions for Applicant:

1. Please enclose a recent photo.
2. Please request a copy of your transcript to be sent to the Kentucky District Office **by May 15th**. (Application will not be considered without it).
3. Complete the top portion of the Professor or Dean Reference Form and Pastor's Reference Forms (your home church in Kentucky and where you attend when at college). Submit them respectively with a stamped envelope addressed to the Kentucky District Scholarship Committee: P.O. Box 959, Crestwood, KY 40014.
4. The completed application and all supporting documents must be received at the Kentucky District Office **by May 15th** before any consideration can be given. If a scholarship is awarded, you will be notified by mail. A check will be sent to the College or University in your name once we receive proof of full-time enrollment and current eligible GPA.
5. Be sure to sign and date this application in the space provided below.

APPLICANT'S SIGNATURE:

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

Signature _____

Date _____

**APPLICATION FOR COLLEGE SCHOLARSHIP PROGRAM
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(PLEASE TYPE OR PRINT)

Date _____

1. Last Name _____ First Name _____ MI _____

2. Address _____ Apt.# _____

City _____ State _____ Zip _____ Phone (____) _____

E-mail address _____

3. Sex: M F Date of Birth ___/___/___ Social Sec. # _____

4. Marital Status: Single Married Divorced Widowed
(If married, give name of spouse) _____

5. Number of dependent children? _____ Ages? _____

6. Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Parent's Address _____ Apt # _____

City _____ State _____ Zip _____ Phone (____) _____

7. How many siblings in your family? _____ Number attending college? _____

8. Which Assemblies of God College/University are you attending? _____

9. Grade level in which you are enrolled? Freshman Sophomore Junior Senior

10. What major are you pursuing? _____ Minor _____

11. Expected date of graduation? _____ Grade point Average _____

Academic Honors:

List all academic honors you have received (High School, College or University)

Honor	Explanation	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Extracurricular Activities:

Music/Drama _____ Year _____

Year _____

Year _____

Ministry Involvement (High School, College or University)

Year _____

Year _____

Year _____

Clubs/Service Organizations:

Year _____

Year _____

Year _____

Sports Teams: _____ Year _____

Year _____

Year _____

Other Activities/ hobbies:

Church Affiliation:

1. Church membership _____
2. Church address _____
City _____ State ___ Zip _____ Phone (___) _____
3. Name of present Pastor: _____

4. List present ministry involvement : _____

Christian Life:

1. Date and place of conversion: _____
2. Date and place of water baptism: _____
3. Evaluate your spiritual growth and maturity, including a description of your devotions in 25-50 words. _____

Employment Record: (Start with most recent employment)

Company/Employer	Type of Work	# of Hours	Dates

Financial Status:

1. What financial aid, grants or scholarships are you expecting to receive? Describe and give amounts:

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PASTOR'S REFERENCE FORM

To be completed by **Applicant**:

Applicant's Name _____

Address _____

Waver Form: I, _____, the undersigned, do hereby voluntarily waive any right or privilege, provided by Public Law 93-380, 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 which my file may be addressed.

Date _____ **Applicant Signature** _____

To be completed by **Pastor**:

Dear Pastor:

We believe you are interested in the future of the young person from your church, who is named above. He/she is applying for one of the tuition scholarships available from the Kentucky District of the Assemblies of God. Your cooperation in answering a few questions will be of great assistance in the evaluation of this applicant. A prompt reply will be appreciated and held in confidence.

1. How long have you known the applicant? _____

2. Briefly describe the applicant's church participation. _____

3. Does this person exhibit a consistent Christian witness? Please explain. _____

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

Pastor's Reference Form – page 2

5. Are there church activities or ministries in which the applicant participates other than those listed above? _____

6. Please make a brief statement concerning the financial status of the applicant.
(NOTE: Finances can be a factor in scholarship awards, but not necessarily).

7. Please evaluate applicant in the following areas:
(Please check)

	Excellent	Good	Fair	Poor	Unknown
Emotional Stability	_____	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____	_____
Moral Character	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Cooperativeness	_____	_____	_____	_____	_____
Respect for Authority	_____	_____	_____	_____	_____
Church Involvement	_____	_____	_____	_____	_____
Spiritual Life	_____	_____	_____	_____	_____

8. Please make any additional comments you think pertinent. _____

Signature _____ Title _____

Print Name _____ Date _____

Name of Church _____ District _____

Church Address _____

City _____ State _____ Zip _____

Phone _____

***APPLICATION FOR COLLEGE SCHOLARSHIP PROGRAM
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PROFESSOR/DEAN REFERENCE FORM

To be completed by **Applicant:**

Applicant's Name _____

Address _____

Waver Form: I, _____, the undersigned, do hereby voluntarily waive any right or privilege, provided by Public Law 93-380, 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 which my file may be addressed.

Date _____ **Applicant Signature** _____

To be completed by **Professor/Dean:**

Dear Professor:

The student who has given you this referral form is applying for one of the tuition scholarships available from the Kentucky District of the Assemblies of God. Your cooperation in answering a few questions will be of great assistance in the evaluation of this applicant. A prompt reply is appreciated and held in confidence.

1. How long have you known the applicant? _____

2. Does this person exhibit a consistent Christian witness? Please explain. _____

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

Professor/Dean Reference page 2

4. Please evaluate applicant in the following areas:
(Please check)

	Excellent	Good	Fair	Poor	Unknown
Emotional Stability	_____	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____	_____
Moral Character	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Cooperativeness	_____	_____	_____	_____	_____
Respect for Authority	_____	_____	_____	_____	_____
Church Involvement	_____	_____	_____	_____	_____
Spiritual Life	_____	_____	_____	_____	_____

5. Please make any additional comments you think pertinent. _____

Signature _____ Title _____

Print Name _____ Date _____

Name of Church _____ District _____

Church Address _____

City _____ State _____ Zip _____

Phone _____