

			XXX-XX- SSN (last 4)	
Last Name	First Name	M.I.		Date of Birth
Address (include apt. no.)			Phone number (include area code)	
City	State	Zip Code	Email	

Complete the section applicable to your desired scholarship and attach a copy of your certificate(s). Discounts available to full-time students, with on campus housing and a meal plan.

I. Fine Arts

A. Fine Arts Category _____	Award Level:	<input type="checkbox"/> National	<input type="checkbox"/> District	
	Rating:	<input type="checkbox"/> Superior	<input type="checkbox"/> Excellent	<input type="checkbox"/> Superior/ Invitation
				<input type="checkbox"/> Award of Merit

B. Fine Arts Category _____	Award Level:	<input type="checkbox"/> National	<input type="checkbox"/> District	
	Rating:	<input type="checkbox"/> Superior	<input type="checkbox"/> Excellent	<input type="checkbox"/> Superior/ Invitation
				<input type="checkbox"/> Award of Merit

C. Fine Arts Category _____	Award Level:	<input type="checkbox"/> National	<input type="checkbox"/> District	
	Rating:	<input type="checkbox"/> Superior	<input type="checkbox"/> Excellent	<input type="checkbox"/> Superior/ Invitation
				<input type="checkbox"/> Award of Merit

II. Bible Quiz

<input type="checkbox"/> Team	<input type="checkbox"/> Top Quizzer	<input type="checkbox"/> National Memorization
<input type="checkbox"/> National	<input type="checkbox"/> National	<input type="checkbox"/> National
<input type="checkbox"/> Regional	<input type="checkbox"/> Regional	<input type="checkbox"/> Regional
<input type="checkbox"/> District	<input type="checkbox"/> District	<input type="checkbox"/> District

III. Gold Medal of Achievement Award

Assemblies of God Girl's Ministries Assemblies of God Royal Rangers Other _____

Certification:

I certify all information reported on this application is true, complete, and accurate to the best of my knowledge. I have attached the required documentation (i.e. certificates, copies of awards, letters) to validate my request for this scholarship. I am aware all supporting documents, if not herein contained, must be received by the scholarship deadline in order for my application for scholarship to be considered.

Signature: _____ Date: _____

Return form directly to the Financial Aid Office by date of financial registration.