

			XXX-XX- SSN (last 4)		Date of Birth			
Last Name			First Name		M.I.			
Address (include apt. no.)			Phone number (include area code)					
City		State	Zip Code		Email			
Second Major:		<input type="checkbox"/> Church Ministry	<input type="checkbox"/> Children and Family Ministry	<input type="checkbox"/> World Missions	<input type="checkbox"/> Music and Worship Ministry	<input type="checkbox"/> Pastoral Ministry	<input type="checkbox"/> Urban Ministries	<input type="checkbox"/> Youth Ministry

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: National District
 Rating: Superior Excellent Superior/Invitation Award of Merit

B. Fine Arts Category _____ Award Level: National District
 Rating: Superior Excellent Superior/Invitation Award of Merit

C. Fine Arts Category _____ Award Level: National District
 Rating: Superior Excellent Superior/Invitation 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 September 15 for the Fall Semester or February 15 for the Spring Semester.