

			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).

I. Fine Arts

A. Fine Arts Category _____	Award Level:	<input type="checkbox"/> National	<input type="checkbox"/> Regional	<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"/> Regional	<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"/> Regional	<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

<input type="checkbox"/> Assemblies of God Girl's Ministries
<input type="checkbox"/> Assemblies of God Royal Rangers
<input type="checkbox"/> 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 December 15 for the Spring Semester.