



**SCHOLARSHIP APPLICATION 2019**

Must be filled out by applicant.

Please check one of the following: New Scholarship Applicant _____ Scholarship Renewal _____
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	Please <b>type on a separate sheet or print</b> your answers below. If application is illegible, it will be returned to you.
1	Last Name: _____ First Name: _____
2	Mailing Address: _____ City: _____ ST: _____ Zip: _____
3	Daytime Phone: (_____) _____ Email Address: _____
4	Current School of EDU: _____
5	I will be attending the following school in the <b>Fall of 2019</b> : _____ Address: _____ Phone: (_____) _____
6	What year will you enter school?      Freshman      Sophomore      Junior      Senior
7	Will you be a full-time student?      Yes      No
8	ACT Score: _____ or SAT Score: _____ A copy of your ACT or SAT score sheet on official high school transcript is required.
9	Name & address of parent(s) or legal guardian (s): Use reverse side of application if you need more space. Name(s) _____ Street: _____ City: _____ ST: _____ Zip: _____ Home Phone of parent or legal guardian: (_____) _____

10	List the name of any college you have attended.  A. _____ B. _____ C. _____	Year Began	Year Ended	Year Graduated	Degree Received
11	What specialty/major do you plan to major in as you continue your education?				
12	List expenses you expect to incur per semester or quarter (approximate figures acceptable). Make additional comments if needed. A. Tuition                    Amount: \$ _____ B. Books                      Amount: \$ _____ C. Room & Board            Amount: \$ _____ D. Other Expenses         Amount: \$ _____ E. Other Expenses         Amount: \$ _____				
13	List other financial assistance you will receive per semester or quarter: A. Personal                    Amount: \$ _____ B. Other Scholarships        Amount: \$ _____ C. Grants                      Amount: \$ _____ D. Student Loan(s)          Amount: \$ _____ E. Other Financial Resources Amount: \$ _____				
<b>PLEASE LIST INFORMATION for #14 &amp; #15 ON A SEPARATE SHEET IF NEEDED.</b>					
14	<b>SCHOOL EXTRA-CURRICULAR ACTIVITIES:</b> Please list school extra-curricular activities in which you have participated. Note leadership roles and dates.				
15	<b>ORGANIZATIONS:</b> Please list community organizations such as service, volunteer and religious organizations in which you are now active or have previously been active. Note leadership roles and dates.				
16	A. The following items must be attached to this application in order for the application to be qualified for review by the Scholarship Committee. B. Your application will be returned to you if these items are not attached to this application. (No exceptions.) C. Circle "YES" or "NO" to be sure you have attached each item.				
	YES    NO	<b>Two reference forms</b> , one of which is from the Pastor that oversees the area of your active involvement. Your references should mail these forms to <b>Victory Christian Center</b> marked <b>Attention: Vicki Gonzalez / Scholarship Committee</b> .			
	YES    NO	<b>Proof of college acceptance or current student enrollment.</b> A letter of college acceptance or program acceptance is required for receipt of funds.			
	YES    NO	<b>Most recent OFFICIAL high school or OFFICIAL college transcript.</b> Photocopies of your transcript are not acceptable.			
	YES    NO	<b>Answers to questions 1-15.</b>			