

SCHOLARSHIP APPLICATION 2018

Must be filled out by applicant.

| Please check one of the following: |
|------------------------------------|
| New Scholarship Applicant |
| Scholarship Renewal |

| | Please type on a separate sheet or print your answers below. If application is illegible, it will be returned to you. | | | | | | |
|---|--|--|--|--|--|--|--|
| 1 | Last Name: First Name: | | | | | | |
| 2 | Mailing Address: | | | | | | |
| | City:ST:ST: | | | | | | |
| 3 | Daytime Phone: () | | | | | | |
| | Email Address: | | | | | | |
| 4 | Current School of EDU: | | | | | | |
| 5 | I will be attending the following school in the Fall of 2018: | | | | | | |
| | 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:ST: | | | | | | |
| | Home Phone of parent or legal guardian: () | | | | | | |

| 10 | List the name | of any college you have attended. | Year Began | Year Ended | Year Graduated | Degree Received | | |
|----|--|---|----------------|---|-------------------|--------------------|--|--|
| | A | | | | | | | |
| | В | | | | | | | |
| | C | | | | | | | |
| 11 | | | | | • | | | |
| 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: \$ | | | | | | |
| | | T. Room & Board Amount: \$ | | | | | | |
| | | | | | | | | |
| | · · | D. Other Expenses Amount: \$ E. Other Expenses Amount: \$ | | | | | | |
| | E. Other Exper | ises Amount: 3 | | | | | | |
| 13 | List other financial assistance you will receive per semester or quarter: | | | | | | | |
| | A. Personal | Amount: \$ | | | | | | |
| | B. Other Scho | larships Amount: \$ | | | | | | |
| | C. Grants | Amount: \$ | | | | | | |
| | D. Student Lo | an(s) Amount: \$ | | | | | | |
| | E. Other Finan | cial Resources Amount: \$ | | | | | | |
| | PLEASE LIST INFORMATION for #14 & #15 ON A SEPARATE SHEET IF NEEDED. | | | | | | | |
| 15 | SCHOOL EXTRA-CURRICULAR ACTIVITIES: Please list school extra-curricular activities in which you have participated. Note leadership roles and dates. ORGANIZATIONS: 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 theses items are not attached to this application. (No exceptions.) C. Circle "YES" or "NO" to be sure you have attached each item. | | | | | | | |
| | YES NO | YES NO Two reference forms, one of which is from the Pastor that oversees the area of your active involvement. Your references should mail these forms to Victory Christian Center marked Attention: Vicki Gonzalez / Scholarship Committee. | | | | | | |
| | YES NO | Proof of college acceptance or current or program acceptance is required for re | | dent enrollment. A letter of college acceptance | | | | |
| | YES NO | Most recent OFFICIAL high school or O transcript are not acceptable. | FFICIAL colleg | je transo | cript. Photoco | opies of your | | |
| | YES NO | Answers to questions 1-15. | | | | | | |