

EXTRACURRICULAR HIGH SCHOOL ACTIVITIES

MUSIC GROUPS:

Group	Position/Awards/Office	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SPORTS TEAMS:

Team	Position/Awards/Letters	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER HIGH SCHOOL CLUBS/ORGANIZATIONS: (Examples: Speech/Debate, Newspaper, Student Government, Drama)

Club/Organization	Explain/List Positions, Honors	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMMUNITY ACTIVITIES: (Examples: Junior Achievement, Rotary Club, Scouts, Special Olympics, Candy Striper, etc.)

Activity	Explain	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT RECORD (Start with your most recent work experience.)

Company/Employer	Type of Work	Avg. Hours Worked Per Week	Dates	Boss (Name)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CHRISTIAN SERVICE

- Name of church you attend _____
- Church address _____
 _____ Phone _____
- Church denominational affiliation _____
- Name of present pastor _____

5. YOUTH MINISTRY

List positions and/or responsibilities you have held in your youth group.

Position/Responsibility	Date(s)
_____	_____
_____	_____
_____	_____
_____	_____

List all youth group programs in which you have participated (and level of participation), such as Fine Arts Festival, Bible Quiz, Ambassadors in Missions (AIM), Youth Alive, special youth projects, etc.

Program	Level (Local/Regional/National)	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. CHRISTIAN EDUCATION MINISTRY

List positions and responsibilities you have held in the Christian Education programs at your church, such as Sunday School, VBS, nursery, Children's Church, Royal Rangers, Missionettes, etc. Include regular Sunday School attendance.

Attendance/Position/Service	Date(s)
_____	_____
_____	_____
_____	_____
_____	_____

7. OTHER MINISTRY

Please list positions and responsibilities you have held in your church not associated with Christian Education or Youth Ministry. (Examples: Music, Drama, Usher, Visitation, Custodian, Praise Team, Nursing Home Outreach, etc.)

Position/Responsibility	Date(s)
_____	_____
_____	_____
_____	_____
_____	_____

ADDITIONAL INFORMATION

CHRISTIAN LIFE:

1. Date and place of your conversion _____
2. Date and place of your baptism in water _____
3. Date and place of your baptism in the Holy Spirit _____
4. Evaluate your personal spiritual growth and maturity, including a description of your personal devotions.

Your comments should be 25 to 30 words _____

REFERENCES:

Have you completed the top section of your High School and Pastor's reference forms and requested that your references send the completed forms to the office of the District Youth Director? Yes _____ No _____ Please list the names of your references. **(Application will be considered incomplete without both references.)**

High School reference (preferably your guidance counselor): NAME _____
 TITLE _____

Pastor's reference (cannot be a relative): NAME _____
 TITLE _____

(If your pastor is a relative, this reference should be from an associate pastor or deacon who knows you well.)

FINANCIAL NEED:

In 50 words or less, describe your need for financial assistance to attend an Assemblies of God college

What financial aid have you applied for and/or expect to receive for college? Describe and give amounts

What financial assistance will you receive from your parents?

ESSAY ON COLLEGE:

On a separate page express in 300 words or less how an Assemblies of God college education will help in the growth of your personal Christian experience and in preparation of your life's vocation. Grammar and writing style will be evaluated. The judges prefer the essay to be typed. Please include a word count.

MISCELLANEOUS

1. Will you permit us to use pertinent data from this application and from references for articles in our publications?
Yes _____ No _____
2. Have you enclosed two (2) recent photos for publicity? Yes _____ No _____ **(Application will be considered incomplete without photos.)**
3. Have you requested that a copy of your high school transcript be sent to the office of your Assemblies of God District Youth Director? ** Yes _____ No _____

APPLICANT'S SIGNATURE

All the information I have provided on this application is true and accurate.

Signature _____
(Applicant)

Date _____

PASTOR'S SIGNATURE

All the information I have read in this application is true and accurate to the best of my knowledge.

Signature _____
(Pastor)

Date _____

(Pastor's name printed or typed)

****It is the Student's responsibility to see that the completed application and all supporting documents are in the office of your Assemblies of God District Youth Director no later than FEB 1, 2012.**

High School Reference
2012 MT ASSEMBLIES OF GOD YOUTH SCHOLARSHIPS

To be completed by APPLICANT:

Applicant's Name _____

Address _____ City _____ State _____ Zip _____

WAIVER FORM: I, _____ the undersigned, hereby voluntarily waive any right or privilege provided by Public Law 93-380 to inspect or challenge the content and comments expressed in this letter of recommendation. I expect that the observations made shall remain confidential between the writer and the person or organization to whom my file may be addressed.

Date _____ Signature _____

To be completed by HIGH SCHOOL REFERENCE:

Dear Friend:

The student who has given you this form is applying for a college scholarship provided by the Assemblies of God. An early reply from you or the person you designate will be deeply appreciated and will be held in strictest confidence. The student should supply you with the name and address of the person to whom you are to send this form. Please note it is due to them by **March 1, 2000**. Please indicate your estimate of the following.

<u>(Please check)</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Not Known</u>
Emotional stability	_____	_____	_____	_____	_____
Personal appearance	_____	_____	_____	_____	_____
Moral character	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Cooperativeness	_____	_____	_____	_____	_____
Respect for authority	_____	_____	_____	_____	_____
Religious life	_____	_____	_____	_____	_____
Academic achievement	_____	_____	_____	_____	_____

In what way have you been associated with the applicant? (Principal, counselor, teacher, etc.) _____

How long have you been acquainted with the applicant? _____

Would you recommend this person, without reservation, for a college scholarship? ____ If "no," please explain on the reverse side.

To your knowledge, does the applicant use alcohol, tobacco, or illegal drugs? _____

PLEASE SEND A TRANSCRIPT of the applicant's work with this reference. In addition to the transcript, please complete this section.

Rank in class: Number _____ in a class of _____ students. GPA _____ on a scale of _____

If available, has applicant taken weighted honors courses? Yes _____ No _____ Not available _____.

Standardized Test Scores

	<u>Name of Test</u>	<u>Date Administered</u>	<u>Raw Score</u>	<u>Percentile</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

On the other side if this sheet please give any explanation or comment that you think would be of assistance in considering this applicant for a scholarship.

Signature _____ Title _____

Please print your name _____ Date _____

Please return this completed form by Feb 1, 2012 to:
YOUTH SCHOLARSHIPS, 2147 Overland Ave. Suite 100, Billings, MT 59102

Pastor's Reference
2012 MT ASSEMBLIES OF GOD YOUTH SCHOLARSHIPS
The General Council of the Assemblies of God

To be completed by APPLICANT:

Applicant's name _____

WAIVER FORM: I, _____ the undersigned, hereby voluntarily waive any right or privilege provided by Public Law 93-380 to inspect or challenge the content and comments expressed in this letter of recommendation. I expect that the observations made shall remain confidential between the writer and the person or organization to whom my file may be addressed.

Date _____ Signature _____

To be completed by PASTOR: **If you are a relative of the applicant, please have another pastoral staff person or member of the church board complete this form.**

Dear Pastor:

We believe that you are interested in the future of the young person from your church named above. He/ She is applying for one of the tuition scholarships in the National Youth Scholarship Program jointly sponsored by the Christian Higher Education Department and the Youth Department. Your cooperation in answering a few questions will be of great value in helping us to evaluate this application. A prompt reply will be deeply appreciated and held in confidence.

1. How long have you been acquainted with the applicant? _____

2. Briefly describe why you believe the applicant to be an outstanding youth group participant. _____

3. Describe ways this person exhibits a consistent Christian witness. _____

4. To your knowledge, does the applicant use alcohol, tobacco, or illegal drugs? _____

5. Are there church activities or ministries in which the applicant participates other than those listed on the application? _____

If so, please list: _____

6. Please make a brief statement on reverse side as to the financial status of the applicant. (Note: Finances can be a factor in awarding the scholarship but not necessarily the only one.)

7. Please make additional helpful comments on the reverse side of this form.

<u>(Please check)</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Not Known</u>
Emotional stability	_____	_____	_____	_____	_____
Personal appearance	_____	_____	_____	_____	_____
Moral character	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Cooperativeness	_____	_____	_____	_____	_____
Respect for authority	_____	_____	_____	_____	_____
Church involvement	_____	_____	_____	_____	_____
Spiritual life	_____	_____	_____	_____	_____

Do you endorse this applicant without reservation? Yes _____ No _____ If "no," please explain: _____

Signature _____ Title _____

Please print your name: _____ Date _____

Name of church _____ District _____

Address of church _____ City _____ State _____ Zip _____

Please return this completed form by FEB 1, 2012 to:
YOUTH SCHOLARSHIPS, 2147 Overland Ave. Suite 100, Billings, MT 59102