

PENDEL YOUTH NETWORK SCHOLARSHIP APPLICATION

THE ALLIANCE FOR AG HIGHER EDUCATION AND YOUTH DEPARTMENT
The General Council of the Assemblies of God

SEND APPLICATION & REFERENCE FORMS TO:

ATTN: penndeyouth - 2024 SCHOLARSHIPS
4651 Westport Dr
Mechanicsburg, PA. 17055.

GENERAL INFO:

NAME _____ PHONE (_____) _____

ADDRESS _____
City State Zip

SEX: F M DATE OF BIRTH ____/____/____ EMAIL _____

FATHER'S NAME _____ OCCUPATION _____

MOTHER'S NAME _____ OCCUPATION _____

ARE PARENTS LIVING? FATHER yes _____ no _____ MOTHER yes _____ no _____

PARENT/GUARDIAN'S NAME & ADDRESS _____

OTHER CHILDREN IN THE FAMILY? yes _____ no _____ HOW MANY OLDER? _____ YOUNGER? _____

INCLUDING YOU, HOW MANY CHILDREN IN THE FAMILY WILL BE ATTENDING COLLEGE THIS FALL? _____

IT IS A REQUIREMENT OF THE SCHOLARSHIP PROGRAM THAT WINNERS MUST ATTEND AN ASSEMBLIES OF GOD COLLEGE ENDORSED* BY THE ALLIANCE FOR AG HIGHER EDUCATION THE FALL IMMEDIATELY FOLLOWING THEIR GRADUATION FROM HIGH SCHOOL. ARE YOU PLANNING TO ATTEND AN AG ENDORSED COLLEGE OR UNIVERSITY? yes _____ no _____

*Go to colleges.ag.org for a list of endorsed AG colleges.

I DESCRIBE MYSELF AS ONE OF THE FOLLOWING:

____ African American ____ Asian American ____ Caucasian ____ Hispanic ____ Filipino
____ Native American ____ Pacific Islander ____ Other: _____

ACADEMIC INFO:

HIGH SCHOOL _____

ADDRESS OF HIGH SCHOOL _____
City State Zip

NAME OF GUIDANCE COUNSELOR _____ PHONE (_____) _____

GRADUATION DATE ____/____/2023 YOUR UNWEIGHTED GRADE POINT AVERAGE ON A 4.0 SCALE? ____/4.0

YOUR RANK IN CLASS: NUMBER _____ IN A CLASS OF _____ STUDENTS

ACT ____/36 SAT ____/2400

**IT IS THE RESPONSIBILITY OF THE STUDENT TO SEE THAT THIS COMPLETED APPLICATION AND ALL SUPPORTING DOCUMENTS ARE SUBMITTED TO PENDEL MINISTRY NETWORK OFFICE BY JUNE 1ST, 2024 UNLESS OTHERWISE NOTED ON [HTTPS://PENDEL YOUTH.COM/SCHOLARSHIPS](https://penndeyouth.com/scholarships)

ACADEMIC ACHIEVEMENT

LIST ALL ACADEMIC HONORS YOU HAVE RECEIVED, INCLUDING HONOR ROLL, NATIONAL HONOR SOCIETY MEMBERSHIP, BETA CLUB, NATIONAL MERIT SCHOLAR, ETC. BE SPECIFIC.

Honors	Explain	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

EXTRACURRICULAR HIGH SCHOOL ACTIVITIES

MUSIC:

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

SPORTS:

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

OTHER HIGH SCHOOL CLUBS/ORGANIZATIONS: *(Speech/Debate, Yearbook, Student Government, Drama, etc.)*

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

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COMMUNITY ACTIVITIES: *(Junior Achievement, Rotary Club, Scouts, Special Olympics, 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	Supervisor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CHRISTIAN SERVICE

****IT IS A REQUIREMENT OF THE SCHOLARSHIP PROGRAM THAT WINNERS MUST ATTEND AN ASSEMBLIES OF GOD CHURCH.**

NAME OF CHURCH YOU ATTEND _____

CHURCH ADDRESS _____
City State Zip

NAME OF LEAD PASTOR _____ PHONE (_____) _____

CHILDREN'S MINISTRY: *LIST POSITIONS/RESPONSIBILITIES YOU HAVE HELD IN THE CHILDREN'S PROGRAMS AT YOUR CHURCH, (Sunday School, VBS, Nursery, Kids's Church, Royal Rangers, Girls Ministries, etc).*

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

YOUTH MINISTRY: *LIST POSITIONS AND/OR LEADERSHIP 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), (*Fine Arts Festival, Bible Quiz, Ambassadors in Missions (AIM), Youth Alive, special youth projects, etc.*)

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

OTHER MINISTRY: PLEASE LIST POSITIONS & RESPONSIBILITIES YOU HAVE HELD IN YOUR CHURCH NOT PREVIOUSLY LISTED UNDER CHILDREN'S OR YOUTH MINISTRY. (*Music, Drama, Usher, Visitation, Custodian, Worship Team, Nursing Home Outreach, etc.*) DO NOT DUPLICATE ANYTHING YOU HAVE PREVIOUSLY LISTED.

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

ADDITIONAL INFORMATION

CHRISTIAN LIFE:

DATE & PLACE OF YOUR CONVERSION: _____

DATE OF YOUR BAPTISM IN WATER: _____

HAVE YOU BEEN OR ARE YOU SEEKING TO BE BAPTIZED IN THE HOLY SPIRIT? yes _____ no _____

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 YOUR DISTRICT YOUTH DIRECTOR? yes _____ no _____ (*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.)

**IT IS THE RESPONSIBILITY OF THE STUDENT TO SEE THAT THIS COMPLETED APPLICATION AND ALL SUPPORTING DOCUMENTS ARE SUBMITTED TO PENNDEL MINISTRY NETWORK OFFICE BY JUNE 1ST, 2024 UNLESS OTHERWISE NOTED ON [HTTPS://PENNDELEYOUTH.COM/SCHOLARSHIPS](https://penndeleyouth.com/scholarships)

FINANCIAL NEED:

IN 50 WORDS OR LESS, DESCRIBE YOUR NEED FOR FINANCIAL ASSISTANCE TO ATTEND AN ASSEMBLIES OF GOD COLLEGE.

OTHER FINANCIAL AID FOR WHICH YOU HAVE APPLIED

WHAT FINANCIAL ASSISTANCE WILL YOU RECEIVE FROM YOUR PARENTS?

ESSAY:

On a separate page, express in 300-500 words how an Assemblies of God college education will help in the growth of your personal Christian experience and in preparation for your life's vocation. Grammar and writing style will be evaluated. We prefer the essay to be typed. Please include a word count.

MISCELLANEOUS

- 1. Will you permit the PennDel Youth Network to use pertinent data from this application and from references for articles in our publications?
yes _____ no _____
- 2. Have you enclosed one (1) recent photo for publicity?
(APPLICATION WILL BE CONSIDERED INCOMPLETE WITHOUT PHOTO.)
yes _____ no _____
- 3. Have you requested that a copy of your high school transcript be sent to the PennDel Ministry Network?
yes _____ no _____

APPLICANT'S SIGNATURE

ALL THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

(Applicant Signature) Date

PARENT/GUARDIAN SIGNATURE

ALL THE INFORMATION I HAVE READ IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

(Parent/Guardian printed name) (Parent/Guardian Signature) Date

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HIGH SCHOOL REFERENCE FORM

2024 PENNDEL YOUTH NETWORK SCHOLARSHIP

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 General Council of 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 must supply you with the name and address of the person to whom you are to send this form. Note it is due to them by **April 8, 2023**. Please indicate your estimate of the following.

<u>(Please check)</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Unknown</u>
Emotional stability	_____	_____	_____	_____	_____
Personal appearance	_____	_____	_____	_____	_____
Moral character	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Cooperativeness	_____	_____	_____	_____	_____
Respect for authority	_____	_____	_____	_____	_____
Religious life	_____	_____	_____	_____	_____
Academic achievement	_____	_____	_____	_____	_____

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

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

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

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

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

a. Rank in class: Number _____ in a class of _____ students. Unweighted GPA on a 4.0 scale _____ /4.0

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

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

7. Standardized Test Scores

<u>Name of Test</u>	<u>Date Administered</u>	<u>Raw Score</u>	<u>Percentile</u>
a. ACT	_____	/36	_____
b. SAT	_____	/2400	_____

Signature _____ Title _____

Please print your name _____ Date _____

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LEAD PASTOR REFERENCE FORM

2024 PENNDEL YOUTH MINISTRIES SCHOLARSHIP

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 a 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 Alliance for AG Higher Education 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. Please note it is due by **April 8, 2024**.

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

2. Briefly describe why you believe the applicant is an outstanding member of your youth group and qualified for this scholarship.

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

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

5. Please make a brief statement on reverse side as to the financial status of the applicant. (Note: Finances can be a factor, among others, in awarding this scholarship.)

6. Please make additional helpful comments on the reverse side of this form that will assist the committee in considering this applicant for a scholarship.

7. Do you endorse this applicant without reservation? Yes _____ No _____ If "no," please explain on the reverse side.

(Please check) Excellent Good Fair Poor Not Known

Emotional stability _____ _____ _____ _____

Personal appearance _____ _____ _____ _____

Moral character _____ _____ _____ _____

Initiative _____ _____ _____ _____

Cooperativeness _____ _____ _____ _____

Respect for authority _____ _____ _____ _____

Church involvement _____ _____ _____ _____

Spiritual life _____ _____ _____ _____

Signature _____ Title _____

Please print your name: _____ Date _____

Church Name _____ Section _____

Church Address _____ City _____ State _____ Zip _____

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