

|| CONNECTION SCHOLARSHIP

The Connection ND Women's Ministry

North Dakota Network Assemblies of God Women's Ministry

224 Woodglen Drive
Devils Lake, ND 58301

theconnectionnd.com
theconnectionnd@gmail.com

SPONSOR:

This scholarship is being offered by the North Dakota Women's Ministry of the Assemblies of God.

PURPOSE:

The primary purpose of this Scholarship is to assist our North Dakota female students in attending one of the Assemblies of God colleges or universities. Our A/G schools are critical to the future of our movement. They provide healthy environments for our students to discover their mission and be equipped for impact in every realm of society.

SCHOLARSHIPS:

This scholarship is specifically for female students attending an Assemblies of God college or university. The number and amounts of scholarships given will vary according to donations received.

All scholarships will be mailed directly to the college on the student's behalf and will be equally divided between the first two semesters (unless otherwise noted).

DEADLINE:

Application and reference must be received by The Connection by September 15 of the application year.

ELIGIBILITY:

1. Must be an active participant in a North Dakota Assemblies of God church and/or youth ministry.
2. Must be applying to and planning to be enrolled at an Assemblies of God college, university or school of ministry.

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APPLICANT INFORMATION

Full Name _____ Birthdate _____ Age _____

Address _____ City _____ State _____ Zip _____

Gender: MALE FEMALE Phone _____

Email _____

Father's name _____ Occupation _____

Mother's name _____ Occupation _____

Are parents living? Father: YES NO Mother: YES NO

How many other children are in the family, besides yourself? _____

Including you, how many children in the family will be attending college this fall? _____

COLLEGE INFO

Which college, university or school of ministry are you planning to attend? _____

You will be entering in the fall as a: freshman transfer student returning student

Will you be enrolled full-time or part-time this next school year? full-time part-time

Have you applied to the college, university or school of ministry as of today? YES NO

Have you been accepted to the college, university or school of ministry as of today? YES NO

Intended Major _____ Intended Minor/Concentration _____

Why did you choose this specific major/minor? _____

SPIRITUAL LIFE

When and where did you commit your life to Jesus Christ? _____

What measures have you taken to grow spiritually since becoming a Christian:

CALLING AND CAREER

What do you believe God has called you to do with your life and how has He revealed that to you?

What is your vision for the future?

EDUCATION

High School: _____ Date of Graduation: _____

Your unweighted grade point average on a 4.0 scale: _____ / 4.0

Your rank in class: Number _____ in a class of _____ students

List any academic honors you have received: _____

List any extracurricular activities: _____

CHURCH & MINISTRY LIFE

Name of Church: _____ City: _____

Are you actively involved in your local Assemblies of God church? YES NO

If no, please explain: _____

Describe your past and present ministry involvement:

PASTORAL REFERENCE

Reference (Pastor's) Name: _____

The reference form should be completed by your Assemblies of God Pastor or Youth Pastor and mailed directly to The Connection North Dakota Assemblies of God Women's Ministry. Complete the top portion of the reference and provide it to your Pastor with an addressed and stamped envelope.

APPLICANT SIGNATURE

I certify that the information contained in this application is true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

Submit this application by September 15 to:
theconnectionnd@gmail.com

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ND Assemblies of God Women's Ministry

Scholarship Application [PASTORAL REFERENCE]

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.

Applicant Signature: _____ Date: _____

TO BE COMPLETED BY PASTOR/YOUTH PASTOR

* If you are a relative of the applicant, please have another pastoral staff person or mature Christian 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 the Connection Scholarship to an Assemblies of God college, university or school of ministry sponsored by The Connection North Dakota Network of the Assemblies of God Women's Ministry. Your cooperation in answering a few questions will be of great value in helping us evaluate this application. A prompt reply will be deeply appreciated and held in confidence. Please note it is due by September 15.

How long have you been acquainted with the applicant? _____

Briefly describe why you believe the applicant is an outstanding member of your church and qualifies for this scholarship.

Describe ways this person exhibits a consistent Christian witness.

<u>PLEASE CHECK</u>	<u>EXCELLENT</u>	<u>GOOD</u>	<u>FAIR</u>	<u>POOR</u>	<u>UNKNOWN</u>
Emotional Stability	_____	_____	_____	_____	_____
Moral Character	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Respect for Authority	_____	_____	_____	_____	_____
Church Involvement	_____	_____	_____	_____	_____
Spiritual Life	_____	_____	_____	_____	_____

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

Do you endorse this applicant without reservation? YES NO (If no, please explain on the reverse side.)

Signature: _____ Title: _____

Printed Name: _____ Date: _____

Name of Church: _____ City: _____