

APOSTLE CHURCH OF CHRIST IN GOD, INC

Bishop Walter J. Jackson, Sr. Scholarship Application

Scholarship Fund of the Apostle Church of Christ in God (ACCG)

Bishop Walter J. Jackson, Sr. Scholarship Application

Purpose:

- The fund helps to narrow the gap between tuition costs and available monies.
- The fund helps to advance the Apostolic youth as an undergraduate student, leading to an Associate or Bachelor's Degree.
- The fund helps to improve the quality of the young people's future spiritually, intellectually and economically.
- The funds aids in increasing the learning power so that he/she may give more tithes and offerings for the up building of God's Kingdom.

When and where to apply:

- Students attending a four year institution may request funds two times (freshman and senior year). Students attending a two year institution may request funds one time (1st or 2nd year).
- Applications are due July 1st of each year. Late entries may not be considered.
- Applications may be obtained from and returned to: ACCG Scholarship Committee. PO Box 928. Martinsville, VA 24114 or email: sinai4819@comcast.net

Who is eligible:

- The student must be enrolled or plans to enroll during the upcoming academic year.
- The student must maintain satisfactory academic progress.
- The student must be active in the Apostle Church of Christ in God (ACCG).
- The student's application must be accompanied by the prior school's transcript.
- The student's application must be accompanied by a letter of acceptance from a two or four year college/university.
- The student's application must be accompanied by three reference letters, one has to be from his/her Pastor.
- The student's application must be accompanied by a written synopsis of his/her background, consisting of any present scholarships, future endeavors, merit awards and any other honors.

The scholarship amount is determined by the availability of funds and the number of applicants.

The enclosed application must be completed by each student applying for a scholarship. Please read the instructions closely. An incomplete application will result in delayed processing, and possibly disqualification.

Bishop Walter J. Jackson, Sr. Scholarship Application

Date: Click here to enter a date.					
Semester: Choose an item.		School Year Aid is Requested:		Status: Choose an item.	
Will you be staying: <input type="checkbox"/> on campus <input type="checkbox"/> off campus <input type="checkbox"/> at home					
Personal Reference					
Name:				<input type="checkbox"/> Male <input type="checkbox"/> Female	
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		D.O.B:	Age:	SSN:	
Current Address:					
City:		State:		Zip Code:	
Permanent Address:					
City:		State:		Zip Code:	
Home Phone:		Cell Phone:			
Marital Status: Choose an item.			Parents Marital Status: Choose an item.		
Any dependents: <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, how many:		
Provide information for all dependent children and other dependents within household, both applicants and parents for applicants under 19 years of age.					
Parents/ Own	Name	Age	School/College	Years Completed	Attendance
Choose an item.					Choose an item.
Choose an item.					Choose an item.
Choose an item.					Choose an item.
Choose an item.					Choose an item.
Choose an item.					Choose an item.
Choose an item.					Choose an item.
Choose an item.					Choose an item.
Are you employed: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, position title:			
Name of Employer (if employed):					
Address of Employer:					
City:		State:		Zip Code:	
Are you a veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what branch:		Date of separation:	
Educational Experience					
School you have applied for admission:					
Address of School:					
City:		State:		Zip Code:	
Proposed major:			Expected date of graduation: (month year)		
Intended occupation/profession:					

Bishop Walter J. Jackson, Sr. Scholarship Application

Are you a varsity athlete? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please select your sport: Choose an item.
Other:	

Last two schools attended:			
Name	Address	Years Attended	Degree/Diploma
			Choose an item.
			Choose an item.

List the church activities/organizations in which you have participated. Indicate positions that you have held if any.

Activities/Organization	Position

List student oriented, social, and civic activities/organizations in which you have participated. Indicate positions that you have held if any.

Activities/Organization	Position

Have you applied for any other aid/assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
---	--

If yes, what type:

Will you be receiving any other aid/assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
--	--

How much aid/assistance do you anticipate?	
--	--

Provide any other pertinent information concerning your financial assets or obligations, if desired. Attach separate sheet if necessary.

References

Please provide two individuals within your community as character references. They should not be relatives

Name	Address	Phone Number

Bishop Walter J. Jackson, Sr. Scholarship Application

Please provide two individuals within your church as character references in addition to your Pastor's information. They should not be relatives		
Name	Address	Phone Number

I certify that all of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide proof of information that I have provided on this form. I understand that if proof is not provided then I may no longer be eligible for the Bishop Walter J. Jackson, Sr. Scholarship. Further, I certify that the funds afforded to me through such scholarship shall be used solely for expenses related to attendance at the educational institution afore mentioned/approved by the official Scholarship Committee of the Apostle Church of Christ in God, Inc.

Signature of Applicant	Date

If applicant is under 19, and not married, the parent or legal guardian must sign and certify that the information provided pertaining to the applicant is true.

Signature of Parent or Legal Guardian	Date

FOR OFFICIAL USE ONLY

Scholarship Granted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	
Comments:		

Bishop Walter J. Jackson, Sr. Scholarship Application

Special Consideration (s)		
Scholarship not granted for the following reasons:		
<input type="checkbox"/> Lack of funds	<input type="checkbox"/> Need not established	<input type="checkbox"/> Late application
<input type="checkbox"/> Unsatisfactory progress		
<input type="checkbox"/> Other reasons (specify):		

Committee Signatures:
