

***COLLEGE SCHOLARSHIP PROGRAM***  
***KENTUCKY DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD***

**PURPOSE**

To encourage and assist Assemblies of God young people who are called of God and are preparing to attend an Assemblies of God College or University in order to prepare them for ministry in Kentucky.

**CRITERIA**

1. Applicant must be an active member of a Kentucky Assembly of God church.
2. Applicant must have the potential for meeting the standards for ministry established by the General Council and the Kentucky District Council.
3. Applicant must have the recommendation of his/her pastor.
4. Applicant must complete all required forms provided for this purpose.
5. Applicant must have the recommendation of a professor or dean of the institution at which they are enrolled. In the case of a first semester freshman, a recommendation of a High School teacher or guidance counselor.
6. Applicant must submit a short essay (300 words or less) explaining God's call upon his/her life to ministry.
7. Applicant should submit evidence of financial need.
8. Applicant must reapply yearly if he/she is maintaining at least a 2.5 GPA (on a 4 point scale) and has met the above requirements.

**SCHOLARSHIP AWARDS**

**All scholarship awards are contingent upon the availability of funds.** Award amounts for the Kentucky District College Scholarship Program are as follows:

- \* College freshman are eligible for a scholarship of up to \$250 per semester for a maximum of two semesters.
- \* College sophomores are eligible for a scholarship of up to \$375 per semester for a maximum of two semesters.
- \* College juniors are eligible for a scholarship of up to \$500 per semester for a maximum of two semesters.
- \* College seniors are eligible for a scholarship of up to \$750 per semester for a maximum of two semesters.

### **THE JAMES D. BIRAM PREACHER'S AWARD SCHOLARSHIP**

Each year, one *James D. Biram Preacher's Award Scholarship* of \$2500 (\$1250 a semester for two semesters) will be awarded to a recipient that meets all the criteria stated above and the following:

- \* The applicant must be a senior.
- \* The applicant must be a preaching ministry major.
- \* The applicant must plan to pursue a call to full time preaching ministry.
- \* The applicant must have a current GPA of 3.0 or greater (on a 4.0 scale).

### **SCHOLARSHIP PROCESSING**

1. All applications for scholarship with supporting documentation must be post marked no later than June 30 for the fall semester and November 30 for the spring semester.
2. The Scholarship Committee will convene in July of each year and in conjunction with the DYD will determine eligibility and award amounts. (In the event that there are applications for spring semester, the Scholarship Committee will meet via a conference call.) The decision of the Committee will be final.
3. Each applicant will be notified by mail of the decision of the Committee no later than July 31 (December 31 for spring semester).

### **FUNDING**

1. All funds designated for disbursement for scholarships will be raised through solicitation of the constituency of the Kentucky Assemblies of God.
2. A designated fund will be established for the express purpose of receiving contributions for the Kentucky Scholarship Program.
3. The Kentucky District Council of the Assemblies of God will receipt funds donated to the Kentucky Scholarship Program as tax deductible.
4. Funding will come from an annual district-wide campaign to inform all pastors and churches of the scholarship program and give them the opportunity to contribute financially. Some possible aspects of this campaign would include:
  - \* Mailing to all pastors and churches informational literature.
  - \* Pledge cards, which would give pastors and churches the opportunity to give one- time gifts and/or monthly pledges.
  - \* Quality video produced to provide information about each Assemblies of God Bible College and interviews with possible candidates for the program. This video could be used on an ongoing basis to keep the program before the people.

- \* Representatives appointed by the District would be available to present the program to the churches upon request for special events such as Missions Conventions, Graduation Services, etc.
- \* District officials would encourage all pastors and churches to include the program in their annual budgets.

***APPLICATION FOR COLLEGE SCHOLARSHIP PROGRAM  
KENTUCKY DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD***

Upon completion mail application to:  
Kentucky District Council  
P.O. Box 959  
Crestwood, KY 40014  
Attention: Scholarship Committee

Instructions for Applicant:

1. Please enclose a recent photo.
2. Please request a copy of your transcript to be sent to the Kentucky District Office **by June 30**. (Application will not be considered without it).
3. Complete the top portion of the Professor or Dean Reference Form and Pastor's Reference Forms (your home church in Kentucky and where you attend when at college). Submit them respectively with a stamped envelope addressed to the Kentucky District Scholarship Committee: P.O. Box 959, Crestwood, KY 40014.
4. The completed application and all supporting documents must be received at the Kentucky District Office **by June 30** before any consideration can be given. If a scholarship is awarded, you will be notified by mail. A check will be sent to the College or University in your name.
5. Be sure to sign and date this application in the space provided below.

**APPLICANT'S SIGNATURE:**

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

**APPLICATION FOR COLLEGE SCHOLARSHIP PROGRAM  
KENTUCKY DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD**

(PLEASE TYPE OR PRINT)

Date \_\_\_\_\_

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_
2. Address \_\_\_\_\_ Apt.# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_
3. Sex: M F Date of Birth \_\_\_/\_\_\_/\_\_\_ Social Sec. # \_\_\_\_\_
4. Marital Status: Single Married Divorced Widowed  
(If married, give name of spouse) \_\_\_\_\_
5. Number of dependent children? \_\_\_\_\_ Ages? \_\_\_\_\_
6. Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Parent's Address \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_
7. How many siblings in your family? \_\_\_\_\_ Number attending college? \_\_\_\_\_
8. Which Assemblies of God College/University are you attending? \_\_\_\_\_
9. Grade level in which you are enrolled? Freshman Sophomore Junior Senior
10. What major are you pursuing? \_\_\_\_\_ Minor \_\_\_\_\_
11. Expected date of graduation? \_\_\_\_\_ Grade point Average \_\_\_\_\_

**Academic Honors:**

List all academic honors you have received (College or University only)

Honor	Explanation	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Extracurricular Activities:**

Music/Drama \_\_\_\_\_ Year \_\_\_\_\_  
\_\_\_\_\_  
Year \_\_\_\_\_  
\_\_\_\_\_  
Year \_\_\_\_\_

Ministry Involvement (College or University)

\_\_\_\_\_  
Year \_\_\_\_\_  
\_\_\_\_\_  
Year \_\_\_\_\_  
\_\_\_\_\_  
Year \_\_\_\_\_

Clubs/Service Organizations:

\_\_\_\_\_  
Year \_\_\_\_\_  
\_\_\_\_\_  
Year \_\_\_\_\_  
\_\_\_\_\_  
Year \_\_\_\_\_

Sports Teams: \_\_\_\_\_ Year \_\_\_\_\_  
\_\_\_\_\_  
Year \_\_\_\_\_  
\_\_\_\_\_  
Year \_\_\_\_\_

Other Activities/ hobbies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Church Affiliation:**

1. Church membership \_\_\_\_\_
2. Church address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_
3. Name of present Pastor: \_\_\_\_\_

4. List present ministry involvement : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Christian Life:**

1. Date and place of conversion: \_\_\_\_\_  
2. Date and place of water baptism: \_\_\_\_\_  
3. Evaluate your spiritual growth and maturity, including a description of your devotions in 25-50 words. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment Record:** (Start with most recent employment)

Company/Employer	Type of Work	# of Hours	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Financial Status:**

1. What financial aid, grants or scholarships are you expecting to receive? Describe and give amounts:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**APPLICATION FOR COLLEGE SCHOLARSHIP PROGRAM  
KENTUCKY DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD**

**PASTOR'S REFERENCE FORM**

To be completed by **Applicant:**

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

**Waver Form:** I, \_\_\_\_\_, the undersigned, do 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 which my file may be addressed.

**Date** \_\_\_\_\_ **Applicant Signature** \_\_\_\_\_  
.....

To be completed by **Pastor:**

Dear Pastor:

We believe you are interested in the future of the young person from your church, which is named above. He/she is applying for one of the tuition scholarships available from the Kentucky District of the Assemblies of God. Your cooperation in answering a few questions will be a great assistance in the evaluation of this applicant. A prompt reply will be appreciated and held in confidence.

1. How long have you known the applicant? \_\_\_\_\_

2. Briefly describe the applicant's church participation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Does this person exhibit a consistent Christian witness? Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Pastor's Reference Form – page 2

5. Are there church activities or ministries in which the applicant participates other than those listed above? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please make a brief statement concerning the financial status of the applicant.  
(NOTE: Finances can be a factor in scholarship awards, but not necessarily).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please evaluate applicant in the following areas:  
(Please check)

	Excellent	Good	Fair	Poor	Unknown
Emotional Stability	_____	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____	_____
Moral Character	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Cooperativeness	_____	_____	_____	_____	_____
Respect for Authority	_____	_____	_____	_____	_____
Church Involvement	_____	_____	_____	_____	_____
Spiritual Life	_____	_____	_____	_____	_____

8. Please make any additional comments you think pertinent. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Name of Church \_\_\_\_\_ District \_\_\_\_\_

Church Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**APPLICATION FOR COLLEGE SCHOLARSHIP PROGRAM  
KENTUCKY DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD**

**PROFESSOR/DEAN REFERENCE FORM**

To be completed by **Applicant:**

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

**Waver Form:** I, \_\_\_\_\_, the undersigned, do 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 which my file may be addressed.

**Date** \_\_\_\_\_ **Applicant Signature** \_\_\_\_\_

To be completed by **Professor/Dean:**

Dear Professor:

The student who has given you this referral form is applying for one of the tuition scholarships available from the Kentucky District of the Assemblies of God. Your cooperation in answering a few questions will be a great assistance in the evaluation of this applicant. A prompt reply is appreciated and held in confidence.

1. How long have you known the applicant? \_\_\_\_\_

2. Briefly describe the applicant's church participation. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Does this person exhibit a consistent Christian witness? Please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Professor/Dean Reference Form – Page 2

5. Are there church activities or ministries in which the applicant participates other than those listed above? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please make a brief statement concerning the financial status of the applicant.  
(NOTE: Finances can be a factor in scholarship awards, but not necessarily).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please evaluate applicant in the following areas:  
(Please check)

	Excellent	Good	Fair	Poor	Unknown
Emotional Stability	_____	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____	_____
Moral Character	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Cooperativeness	_____	_____	_____	_____	_____
Respect for Authority	_____	_____	_____	_____	_____
Church Involvement	_____	_____	_____	_____	_____
Spiritual Life	_____	_____	_____	_____	_____

8. Please make any additional comments you think pertinent. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Name of Church \_\_\_\_\_ District \_\_\_\_\_

Church Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_