

Send to :
Bethany Scholarship
 6051 S Watt Ave
 Sacramento, CA
 95829-1304
www.agncn.org
 916.379.9600 X1114

AGNCN
Bethany Legacy Scholarship
APPLICATION**



Deadline: March 2nd Annually.

The Northern California / Nevada District of the Assemblies of God

1. Name _____ Phone (____) _____
2. Address _____
- City _____ State _____ Zip _____
3. Sex: F M 4. Date of birth ____/____/____ 4. Email _____
5. Father's name _____ 6. Mother's name _____
7. Guardians name _____
8. Applying to Attend _____ College
9. If you have completed FASFA, what is EFC? _____
10. Do you qualify for Pell Grant? Yes ____ No ____ Don't Know _____

ACADEMIC ACHIEVEMENT

1. High school _____
2. Address of high school _____
- City _____ State _____ Zip _____
3. Your graduation date _____ 4. Your unweighted grade point average on a 4.0 scale? ____/4.0 _____
5. ACT ____/36 ____ SAT ____/1600 ____ Other standardized test scores (specify) _____
8. 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 SCHOOL ACTIVITIES

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

**** It is the student's responsibility to see that the completed application and all supporting documents are in the office of the AGNCN no later than March 2nd.**

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

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

CHRISTIAN SERVICE

It is a requirement of the scholarship program that applicants must attend an Assemblies of God Church/Chi Alpha.

1. Name of church you attend _____

2. Church address _____

Phone (____) _____

3. Name of present pastor _____

4. MINISTRY

a. List positions and/or leadership responsibilities you have held in your church/Chi Alpha.

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. Have you been or are you seeking to be baptized in the Holy Spirit? _____ yes _____ no

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 Educator and A/G Minister reference forms and requested that your references send the completed forms to the office of NCN? Yes _____ No _____ Please list the names of your references.

(Application will be considered incomplete without both references.)

Educator reference : NAME _____

TITLE _____

A/G Ministers reference (cannot be a relative): NAME _____

TITLE _____

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/guardian?

ESSAY:

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 for 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. Permission if recipient allows us to publish your award to the District Council.

Yes _____ No _____

2. Have you emailed (1) photo to use for publicity? Yes _____ No _____ **(Application will be considered incomplete without photo.)**

3. Have you requested that a copy of your high school transcript be sent to the office of the AGNCN?

Yes _____ No _____

APPLICANT'S SIGNATURE

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

Signature _____ Date _____
(Applicant)

PARENTS' /GUARDIAN SIGNATURE (If under 24)

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

Signature _____ Date _____
(Parent/Guardian)

(Parent/Guardian 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 the AGNCN no later than March 2nd.**

Educator Reference
Bethany Legacy Scholarship
The Northern California / Nevada District of the Assemblies of God

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 NCN. 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. Due Date: **March 2nd**. 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	_____	_____	_____	_____	_____
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? _____

Signature _____ Title _____

Please print your name _____ Date _____

Position _____ Phone (____) _____ - _____ Email _____

School _____

Please return completed form to the office of AGNCN by
March 2nd. It is the student's responsibility to give you the name and address.

A/G Minister Reference*
Bethany Legacy Scholarship
The Northern California / Nevada District of the Assemblies of God

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 Minister: (Not a relative)

Dear Pastor:

The student who has given you this form is applying for a college scholarship provided the NCN. 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. Due Date: **March 2nd**

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

2. Briefly describe applicants involvement in church ministry?

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

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

5. Please make additional helpful comments that will assist the committee in considering this applicant for a scholarship.

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

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	_____	_____	_____	_____	_____
Church involvement	_____	_____	_____	_____	_____
Spiritual life	_____	_____	_____	_____	_____

Signature _____ Title _____

Please print your name _____ Date _____

Name of church _____ City _____

Phone (_____) _____ - _____ Email _____

Please return completed form to the office of AGNCN by March 2nd. It is the student's responsibility to give you the name and address.