

- SCHOLARSHP - APPLICATION

Due April 22nd





Praise be to the God and Father of our Lord Jesus Christ, who has blessed us in heavenly realms with every spiritual blessing in Christ. Ephesians 1:3 (NIV)

Dear Graduates,

Congratulations! You are certainly worthy of accolades for your diligence and hard work. For those who are re-entering academia, we applaud your desire to continue your education.

As a demonstration of our commitment to excellence in education, The Fountain of Praise sponsors this scholarship program to plant seeds in the lives of our students.

It remains an exciting secret what God will do next! We pray that you enter this next phase in your life with the confidence of knowing that the Lord is with you always.



	Scholarship Application Checklist
First Initial	Last Name Image: A start of the
	Scholarship Application (Completed, signed and dated by applicant)
	Ministry Recommendation Form
	Academic Recommendation Form
	Color Graduation Photograph (Minimum size 4" x 6")
	Official school transcript
	Acceptance letter(s) to a post secondary institution (university, college, vocational school or trade program)
	Parent Contact Form
	Copy of Student Financial Aid Report (SAR)
	Typed essay



Scholarship Application

Review the Scholarship Program guidelines and ensure that all requisites are followed.

Applicants should meet the following criteria:

- Be of Christian character.
- Be a member of The Fountain of Praise for at least one year, except where specified.
- Be an active church participant in at least one ministry, for a minimum of one year, except where specified.
- Minimum Grade Point Average (GPA) 2.5

Applicants must complete the following:

- Complete The Fountain of Praise Scholarship Application.
- Attach a graduation photograph no smaller than 4" x 6".

**Applicant's picture should be enclosed in an envelope and attached to the application. The photo should be identified with the applicant's name typed on a label affixed to or written on the back of the photo. Polaroid, instant photos or color copies of photographs will not be accepted.

- Provide proof of acceptance to a post secondary institution.
- Complete recommendation forms.

Incomplete and/or late application packages will not be accepted for consideration. Do not <u>under any circumstances</u> contact a funding source or church official. Violation of these policies will disqualify you from consideration.

DEADLINE : April 22, 2019

Personal Information		Application Page 1
First Name MI	Last Name	
Social Security Number		
	Gender 🛛 Male	□ Female
Current Address		Apt.
City	State	Zip Code
Current Phone Number	Cell Phone Number	
		-
Email Address		
Permanent Address (if different from current address)		Apt.
City	State	Zip Code
Permanent Phone Number		
Academic Information		
Current School (or last school attended)		
School Address		
City	State	Zip Code
Current Academic Classification Major		Grade Point Average

Anticipated Date of Graduation (Month/Year)

	/		

Church Activities

List all church activities in which you have participated (for example: Youth Ministry, Choir or Usher Board)

Ministry/Auxiliary or Event

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Y	ears	Par	tic:	inai	ted
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Leadership

List leadership positions to which you have been elected or appointed.

Codes: A=President B=Vice President C=Secretary D=Treasury E=Group Leader F=Representative G=Chairperson H=Captain or Co-Captain I=Other

Organization, Club or Activity	Code	Years Participated
		-
First Initial Last Name	Social S	Security Number

List all honors you have received (for example: Academic, Sports, Community Service and Clubs). Codes: FR=Freshman SO=Sophomore JR=Junior SR=Senior O=Other

Name of Honors	Code	Year Awarded

Extracurricular Activities

List all organizations or activities in which you have participated (for example: Student Government, Athletics and Drama Club.)

Codes: FR=Freshman	SO=Sophomore	JR=Junior	SR=Senior	O=Other
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Name of Activity	Code	Years Participated
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		-
		-
		-
		-
		-
		-
First Initial Last Name	Soc	ial Security Number

List current and previous employment.

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EDUCATION

Write an essay on one of the following topics:

Submit a typed response using the following guidelines:

- 2 Pages
- (1) inch margin
- Double spaced
- (12 pt) Times New Roman font

Essay Topic 1

How will your education and career choices prepare you to compete in the global economy?

Essay Topic 2

Technological advances have altered our daily lives and continue to shape the world around us. What major developments in technology do you foresee in the next five years? How will these changes impact your studies and your profession? Finally, how will you position yourself to be indispensable in this new world?

Recommendations

Attach letters of recommendation and use the enclosed recommendation forms for:

- Ministry Recommendation (from a ministry leader of The Fountain of Praise)
- Academic Recommendation (from a teacher, school counselor, or coach)

First Initia	1	Last Name															Soc	ial S	ecuri	ity N	lumb	er			
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Disclosure Agreement

I hereby certify that the information provided in this application is true and correct. I have not knowingly withheld any facts or circumstances that would jeopardize consideration of this application. In addition, all information obtained from this application may be used only by The Fountain of Praise Scholarship Committee.

We will use the information you supply on this form solely to evaluate you as a candidate for various scholarships. This information will not be available to third parties or for any other purpose.

Signature

Date (month/day/year)

Official Transcript

Official transcripts are required for all scholarship applicants. Transcripts through fall of the current school year are required as part of the application package. Transcripts must be mailed directly to the scholarship committee by the school registrar. You should submit your request form to the registrar, in advance, to ensure receipt by **April 22, 2019**

For high school or college graduates, a final transcript showing graduation date will be required for all applicants.

Mailing Address

All applications, including official transcripts and letters of recommendation *must* be mailed to:

THE FOUNTAIN OF PRAISE

Scholarship Committee 14075 S. Main Street Houston, Texas 77035



First Initial	Last Name	Social Security Number



Annual Scholarship Program

An applicant must meet criteria of membership, participation, academic standing, and post secondary enrollment plans. No recipient may receive more than one scholarship.

All applications must be <u>mailed</u> to: The Fountain of Praise Scholarship Committee 14075 S. Main Street Houston, Texas 77035

Deadline : April 22, 2019 U.S. Mail Delivery Only

Applications must be postmarked by the deadline. Applications postmarked after the deadline will not be reviewed. Incomplete application packages will not be accepted for consideration.

Transcripts are required for all scholarship applicants. Transcripts included in the application package must include class rank and grade point average. Transcripts must be mailed directly to the scholarship committee by the school registrar. You must submit your request form to the registrar early enough to ensure receipt by the due date.

The applicant must graduate by the end of the spring or summer term immediately following awarding of the scholarship or a mid-term graduate at the conclusion of the semester immediately preceding the awarding of the scholarship. A final transcript documenting graduation date will be required of all recipients.

Funds will not be disbursed until final transcripts and required documentation are received.



SCHOLARSHIP PROGRAM ACADEMIC RECOMMENDATION FORM

(To be completed by teacher, counselor or coach)

14075 S. Main Street, Houston, TX 77085 Telephone: (713) 433-1824 Facsimile: (713) 433-4600

Deadline: April 22, 2019

Applicant (Insert Text) First Name										Las	t Na	ame										

The student requesting this recommendation is applying to The Fountain of Praise Scholarship Program. Your recommendation will be used in the selection process. Please complete this form and return it to the Scholarship Committee.

Academic Evaluator First Name	Last Name							
Mailing Address								
City	State	Zip Code						
Day Phone Number	Evening Phone Number							
Academic Affliction	Title & Position							
1. How long have you known the applicant?								
2. In what capacity have you interacted with the app (Teacher, Counselor, Coach, School Administrate	olicant? or)							
PIEASE COMPLETE DEV	VERSE SIDE OF THIS FORM							

Applicant First Name	Academic Recommendation Form Page 2/2 Last Name									
Please rate the applic scale.	cant on the followi	ng categories to the ext	ent that you have obse	erved, using the following						
1	2 3 4 5									
Strongly Agree	Agree Not Observed Disagree Strongly D									
	Demonstrates int	erest and concern for the	e welfare of others.							
	Provides leadersh	nip to others in either trad	ditional or nontradition	nal settings.						
	Sets personal goa	als and persists to the ach	nievement of these goa	ıls.						
	Conducts a realis	tic self-appraisal of pers	onal strengths and wea	aknesses.						
	Identifies support and resources when needed.									
	Acquires knowle	Acquires knowledge and/or skills in areas of need or interest.								
	Demonstrates cor	nfidence.								
	Accepts personal	responsibility.								
	Works effectively	y with others.								
Please provide additi	onal comments or	information about the ap	plicant.							



SCHOLARSHIP PROGRAM MINISTRY RECOMMENDATION FORM

(To be completed by a ministry leader of The Fountain of Praise)

14075 S. Main Street, Houston, TX 77035 Telephone: (713) 433-1824 Facsimile: (713) 433-4600

Deadline: April 22, 2019

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The student requesting this recommendation is applying to The Fountain of Praise Scholarship Program. Your recommendation will be used in the selection process. Please complete this form and return it to the Scholarship Committee.

Ministry Leader Name First Name	Last Name							
Mailing Address								
City	State	Zip Code						
Day Phone Number	Evening Phone Number							
Ministry	Title & Position							
1. How long have you known the applicant?								
2. In what capacity have you interacted with the app	licant?							

Applicant First Name	<i>Ministry Recommendation Form Page 2/2</i> Last Name										
Please rate the applic scale.											
1	2 3 4 5										
Strongly Agree	Agree Not Observed Disagree Strongly Disa										
	Demonstrates in	terest and concern for t	he welfare of others.								
	Provides leaders	ship to others in either th	raditional or nontraditi	onal settings.							
	Sets personal go	als and persists to the a	chievement of these go	oals.							
	Conducts a realistic self-appraisal of personal strengths and weaknesses.										
	Identifies support and resources when needed.										
	Acquires knowle	edge and/or skills in are	as of need or interest.								
	Demonstrates co	onfidence.									
	Accepts persona	l responsibility.									
	Works effective	ly with others.									
Please provide addition	onal comments or	information about the	applicant.								
-											



Telephone: (713) 433-1824 Facsimile: (713) 433-4600

SCHOLARSHIP PROGRAM PARENT CONTACT FORM (To be completed by applicant's parents)

Deadline: April 22, 2019

	pli t Na			Ins	ert	: Te	ext)				La	st N	ame						
Please complete this form and return it with the application.																			

Parents Information First Name	Last Name
Mailing Address	
City	State Zip Code
Day Phone Number	Evening Phone Number
Email Address	Cell Phone Number
Parent's Signature	Date
Instructions: Copies of the Scholarship Disb information listed above.	pursement Correspondence will be forwarded to the contact

- SCHOLARSHIP - Application



