The purpose of the scholarship program is to assist recipients with their higher education of training. Scholarship awards are not intended to cover the full cost of school for any applicant. There may be several scholarship awards in any one year depending on the number of applicants and the amount of money available, which will be determined by the Board of Trustees.

The total scholarship award for 2021 is \$1500 for one (1) selected student. The award will be divided equally and paid over the Fall & Spring semesters.

Guidelines

- This scholarship can only be awarded to a high school senior each year. The scholarship award program is designated as tuition only and will be paid directly to the recipient's school of choice upon verification of acceptance.
- Scholarships will be awarded annually provided the funds are available
- To be eligible for the Praise Assembly Youth Education Scholarship, applicants must meet all of the requirements (see page 2)
- The committee will evaluate each applicant based on the guidelines adopted
- Incomplete applications <u>will not</u> be considered for evaluation.
- Due to the current COVID-19 all applications will be accepted via email to the church's email address praise@pacmchurch.org. In the subject line please note attention Scholarship Committee: Dr. Carolyn Scales
- The completed application, supporting materials and essay are due in to Praise Assembly Church Ministry by **June 24, 2021.** If application and materials are mailed, the package must be **postmarked** by **June 21, 2021.**

Mailing Address: Praise Assembly Church Ministries, Inc. Scholarship Committee Attn.: Dr. Carolyn Scales 3254 Kernersville Road Winston Salem, NC 27107

- The recipient(s) of the scholarship should be informed of acceptance or denial by <u>July</u> <u>20, 2021</u>
- A formal announcement of the recipient of the scholarship award will be announced during Sunday morning worship service on July 19, 2021
- Once the recipient has been notified, a letter will be sent to the recipient's high school so that the information can be included in that school's list of scholarships received

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• It's the responsibility of the recipient to inform Praise Assembly Church Ministries of which college he/she plans. At this time, the fund will be sent directly to the college and the students will be informed that this has been done

Requirements

- Must be between 14 yrs. 19 yrs. old
- Must be a member of Praise Assembly Church Ministries, Inc.
- Must be a prospective high school graduate in the year of application
- Must use funds for undergraduate studies or school
- Must have a cumulative overall high school grade point average (G.P.A.) of 2.80 or above

Application Summary (all materials must be submitted at one time)

- All applications must be **typed** or **clearly printed** in blue or black ink.
- Every blank in the scholarship application must be completed. This includes a complete address and zip code. If a particular portion of the application does not apply to the applicant, N/A should be placed on the blank.

The following items must accompany the scholarship application:

- Official high school transcript
- Copy of college acceptance letter
- Two (2) letters of recommendation Letters of recommendation may be received from high school teachers, volunteer supervisors/coordinators, employers, athletic coaches
- Personal Essay- 1000 words
 - > Choose from one of the following essay questions:
 - How will your college career impact your personal and professional life and others?
 - How will your college experience help you to develop good Christian habits while experiencing college life?

Essay Requirements:

- Typed
- Double spaced
- 12pt font Times Roman Numeral, Arial, or Calibri
- Provide a clear, concise answer to your selected question
- Reflect your own words and personality

	Quest	ions? Contact the Church A	dministrator at 33	36-723-1020	
		APPLICANT IN	FORMATION		
Full Name:				Date of Birth (mm/dd/yyyy:	
	Last	First	M.		
Address					
Address: Street Address				Apartment/	/Unit #
	City			State	ZIP Code
				State	Zir Code
Phone:	()	Email Address:			
Applica	nt, are you a member	r of Praise Assembly Churcl	n Ministries, Inc.	? YES or N	0
		EDUCA	TION		
High Scl	•				
	Name of High Sch	001			
Address	of High School:				
	Stre	eet Address or P.O. Box			
	City			State	ZIP Code
Phone:	()	Expected Date of Gra	aduation (mm/dd/y	/ууу):	
		SCHOOL/COMMUNI		Γ	
PLE	ASE NOTE: List extra-	-curricular activities that you	have been persona		in during grades 9-12.
Name of	f Activity	(Use Separate She	et If Necessary) Years of Partici	nation Off	ice(s) Held
	Additing				
l					
2.					
3.					
4.					
		HONORS/DISTINCTIONS (att	ach a shoot with	additional av	wards if pooded)
PL		•			•
PLEASE NOTE: List up to five major awards, honors, or distinctions that Award/Honor/Distinction Description/Basis for Award					ar(s) Received
1.					
2.					
3.					
4.					

AREA(S) OF CAREER INTEREST								
Career Goal:								
(Use Separate Sheet								
If Necessary)								
Intended College Major:								
REFERENCES								
PLEASE NOTE: Give the names of your references/recommendations.								
Name	Title/Position	Phone						
		()						
		()						
APPLICANT'S CERTIFICATION AND PERMISSION TO RELEASE INFORMATION								
I hereby certify that all information submitted on this application is true and accurate to the best of my								
knowledge.								
 I understand that submitting nonfactual information will automatically disqualify me from consideration for 								
all scholarships.								
By submitting this application, I authorize my high school to make information concerning my academic								
records available to the Praise Assembly Church Ministries, Inc. Scholarship Committee.								
Applicantle Signature	Dete							
Applicant's Signature:		Date:						
OPTIONAL								
PLEASE NOTE: This section is optional and to be completed by your High School Counselor, Principal or Asst. Principal								
Cumulative High School Crade Beint Average: Class Size:								
Grade Point Average:		_ Class Size:						
PSAT SCORES (if applicable)	SAT SCORES (if applicable)	ACT SCORES (if applicable)						
Date Taken:	Date Taken:	Date Taken:						
Writing:	Writing: Critical Reading:	English: Math:						
Critical Reading: Mathematics:	Mathematics:	Reading:						
		Science:						
		Writing:						
		Composite:						
I hereby certify that the academic information provided in this section is correct to the best of my knowledge.								
Signature:	Date:							
Printed Name:								
Title:								
High School: Phone: ()								