

Send to your
Assemblies of God
District Youth
Director Deadline:
February 10, 2017

J. ROBERT ASHCROFT NATIONAL YOUTH SCHOLARSHIP

Please do not
retype or reformat
this application.

APPLICATION**
for 2017
Deadline: February 10, 2017

THE ALLIANCE FOR AG HIGHER EDUCATION
AND YOUTH DEPARTMENT
The General Council of the Assemblies of God

- Name _____ Phone (____) _____
- Address _____
- Sex: F M 4. Date of birth ____/____/____ City _____ State _____ Zip _____
5. Father's name _____ Occupation _____
6. Mother's name _____ Occupation _____
7. Are parents living? Father yes _____ no _____ Mother yes _____ no _____
8. Parent/Guardian's name and address _____
9. Other children in the family? Yes ____ no ____ How many older? _____ Younger? _____
10. Including you, how many children in the family will be attending college this fall? _____
11. It is a requirement of the scholarship program that winners must attend an Assemblies of God college **endorsed*** by The Alliance for AG Higher Education the fall immediately following their graduation from high school. Are you planning to attend an AG endorsed college or university? Yes _____ No _____
*Go to colleges.ag.org for a list of endorsed AG colleges.

12. I describe myself as one of the following:
____ African American ____ Asian American ____ Hispanic ____ Caucasian
____ Filipino ____ Native American ____ Pacific Islander ____ Other _____

ACADEMIC ACHIEVEMENT

- High school _____
- Address of high school _____
City _____ State _____ Zip _____
- Name of guidance counselor _____ Phone (____) _____
- Your graduation date _____ 5. Your unweighted grade point average on a 4.0 scale? _____/4.0
- Your rank in class: Number _____ in a class of _____ students
- ACT _____/36 SAT _____/2400
- 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)
_____	_____	_____
_____	_____	_____
_____	_____	_____

****It is the student's responsibility to see that the completed application and all supporting documents (official transcript, reference forms and photo) are in the office of your Assemblies of God District Youth Director no later than February 10, 2017.**

EXTRACURRICULAR HIGH SCHOOL ACTIVITIES

MUSIC:

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

SPORTS:

Sport	Position/Awards/Letters	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER HIGH SCHOOL CLUBS/ORGANIZATIONS: (Examples: Speech/Debate, Newspaper, Student Government, Drama, etc.)

Club/Organization	Explain/List Positions, Honors	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMMUNITY ACTIVITIES: (Examples: Junior Achievement, Rotary Club, Scouts, Special Olympics, etc.)

Activity	Explain	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Company/Employer	Type of Work	Avg. Hours Worked Per Week	Dates	Supervisor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CHRISTIAN SERVICE

It is a requirement of the scholarship program that winners must attend an Assemblies of God church.

1. Name of church you attend _____
2. Church address _____
 _____ Phone (____) _____
3. Church denominational affiliation _____
4. Name of present pastor _____

5. YOUTH MINISTRY

a. List positions and/or leadership responsibilities you have held in your youth group.

Position/Responsibility	Date(s)
_____	_____
_____	_____
_____	_____
_____	_____

b. List all youth group programs in which you have participated (and level of participation), such as Fine Arts Festival, Bible Quiz, Ambassadors in Missions (AIM), Youth Alive, special youth projects, etc.

Program	Level (Local/Regional/National)	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. CHRISTIAN EDUCATION MINISTRY

List positions and responsibilities you have held in the Christian Education programs at your church, such as Sunday School, VBS, Nursery, Children's Church, Royal Rangers, Girls Ministries, etc. Include regular Sunday School attendance.

Attendance/Position/Service	Date(s)
_____	_____
_____	_____
_____	_____
_____	_____

7. OTHER MINISTRY

Please list positions and responsibilities you have held in your church not previously listed under Christian Education or Youth Ministry. (Examples: Music, Drama, Usher, Visitation, Custodian, Praise Team, Nursing Home Outreach, etc.) Please do not duplicate anything you have previously listed.

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 High School and Pastor's Reference Forms and requested that your references send the completed forms to the office of your District Youth Director? Yes _____ No _____ Please list the names of your references. (**Application will be considered incomplete without both references.**)

High School reference (preferably your guidance counselor): NAME _____

TITLE _____

Pastor's reference (cannot be a relative): NAME _____

TITLE _____

(If your pastor is a relative, this reference should be from an associate pastor or deacon who knows you well.)

FINANCIAL NEED:

In 50 words or less, describe your need for financial assistance to attend an Assemblies of God college.

Other financial aid for which you have applied

What financial assistance will you receive from your parents?

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. Will you permit us to use pertinent data from this application and from references for articles in our publications?
Yes _____ No _____
2. Have you enclosed one (1) recent photo 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 your Assemblies of God District Youth Director? ** Yes _____ No _____

APPLICANT'S SIGNATURE

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

Signature _____
(Applicant)

Date _____

PARENT/GUARDIAN SIGNATURE

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

Signature _____
(Parent/Guardian)

Date _____

(Parent/Guardian name printed or typed)

SCHOLARSHIPS AWARDED THROUGH THE J. ROBERT ASHCROFT NATIONAL YOUTH SCHOLARSHIP PROGRAM

1st Place: \$8,000 2nd Place: \$4,000 3rd Place: \$2,000

Scholarship awarded the first year only. One half of the total award is given each semester.

****It is the student's responsibility to see that the completed application and all supporting documents (official transcript, reference forms and photo) are in the office of your Assemblies of God District Youth Director no later than February 10, 2017.**

High School Reference Form
2017 J. ROBERT ASHCROFT NATIONAL YOUTH SCHOLARSHIP
The General Council 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 General Council of the Assemblies of God. 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. Note it is due to them by **February 10, 2017**. 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	_____	_____	_____	_____	_____
Religious life	_____	_____	_____	_____	_____
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? _____
5. **PLEASE SEND A TRANSCRIPT** of the applicant's work with this reference. In addition to the transcript, please complete this section.
 - a. Rank in class: Number _____ in a class of _____ students. Unweighted GPA on a 4.0 scale ____/4.0 ____
 - b. If available, has applicant taken weighted honors courses? Yes _____ No _____ Not available _____.
6. On the other side of this sheet, please give any comment that you think would be of assistance in considering this applicant for a scholarship.
7. Standardized Test Scores

<u>Name of Test</u>	<u>Date Administered</u>	<u>Raw Score</u>	<u>Percentile</u>
a. ACT	_____	____/36____	_____
b. SAT	_____	____/2400____	_____

Signature _____ Title _____

Please print your name _____ Date _____

Please return completed form to applicant's Assemblies of God District Youth Director by February 10, 2017. It is the student's responsibility to give you the name and address of this person.

Pastor's Reference Form*
2017 J. ROBERT ASHCROFT NATIONAL YOUTH SCHOLARSHIP
The General Council of the Assemblies of God

To be completed by APPLICANT:

Applicant's name _____

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 PASTOR: ***If you are a relative of the applicant, please have another pastoral staff person or a member of the church board complete this form.**

Dear Pastor:

We believe that you are interested in the future of the young person from your church named above. He/She is applying for one of the tuition scholarships in the National Youth Scholarship Program jointly sponsored by The Alliance for AG Higher Education and the Youth Department. Your cooperation in answering a few questions will be of great value in helping us to evaluate this application. A prompt reply will be deeply appreciated and held in confidence. Please note it is due by **February 10, 2017.**

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

2. Briefly describe why you believe the applicant is an outstanding member of your youth group and qualified for this scholarship.

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

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

5. Please make a brief statement on reverse side as to the financial status of the applicant. (Note: Finances can be a factor, among others, in awarding this scholarship.)

6. Please make additional helpful comments on the reverse side of this form that will assist the committee in considering this applicant for a scholarship.

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

<u>(Please check)</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Not Known</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 _____ District _____

Address of church _____ City _____ State _____ Zip _____

Please return completed form to applicant's Assemblies of God District Youth Director by February 10, 2017. It is the student's responsibility to give you the name and address of this person.