

The SRT will set aside \$500 for each of the 5 scholarships.

EAC Higher Education Scholarship

Strategic Resource Team of Edgewater Alliance Church

310 N. Ridgewood Ave. Edgewater FL 32132

Email Contact: hmartin@edgewateralliance.org

The Purpose of the EAC Higher Education Scholarship:

EAC exists to make disciples who bring the Gospel to every man, woman, and child. Therefore, we are awarding 5 scholarships to students who take seriously the call to give Gospel access to people where they live work and play.

1. To award 5 annual scholarships to deserving students who meet the criteria below.
2. To encourage the spiritual and academic development of youth in our community.
3. To provide the recipients with support in following the service for the Gospel.

The Criteria for Selection of the EAC Higher Education Scholarship:

1. The 5 recipients will be selected each spring from the collection of applications.
2. The applicants must demonstrate that living and sharing the Gospel is a life priority. They should be good students with a 3.0 GPA or higher. They should also be model citizens; exhibiting godly conduct and must receive favorable teacher recommendation.
3. The applications should include:
 - a. A copy of the applicants' grades.
 - b. An essay from the applicants explaining their commitment to the Gospel and plans after graduation from their program of Higher Education.

The EAC Strategic Resource Team Scholarship is awarded once every year and for that current academic year only.

Please submit application directly to the EAC office by April 17th, 2020

All of the relevant information will be kept confidential while being reviewed by the EAC Strategic Resource Team.

Scholarship Application

Student Name: _____

Social Security Number: _____

Address: _____

Home Phone: _____ Date of Birth: _____

Household Information

Mother: _____

Age: _____ Last Grade Completed in School: _____

Father: _____

Age: _____ Last Grade Completed in School: _____

Applicant lives with:

Mother ___ Stepmother ___ Grandmother ___ Guardian ___

Father ___ Stepfather ___ Grandfather ___ Ward of Court ___

Other ___

Number of brothers _____ Number of Sisters _____

Please list all persons living in the home other than student/applicant. Be sure to include their Name, Age & Relationship to applicant:

Student Essay

Using separate sheets of paper, please tell us why you would be a good candidate for the EAC Higher Education Scholarship.

1. What are your career goals, your aspirations, and hopes for the future?
2. Describe your relationship with God and your commitment to the Gospel.
3. List your activities, interests, strengths, hobbies, as well as any awards you have received (include activities at church, school, in the community or work experience).
4. Any special circumstances that might be relevant.

Attach essay to the application.

PARENT/GUARDIAN CURRENT EMPLOYMENT INFORMATION

1. Parent/ Guardian Name _____
Employer _____
Occupation _____
Address _____
Number of Years with Current Employer _____
2. Parent/ Guardian Name _____
Employer _____
Occupation _____
Address _____
Number of Years with Current Employer _____

TEACHER RECOMMENDATION

Student Name _____

Teacher's Name _____

School _____ Subject _____

5 = Exhibits this trait to an exceptional degree

4 = Exhibits this trait consistently

3 = Exhibits this trait frequently

2 = Exhibits this trait occasionally

1 = Exhibits this trait rarely

0 = Not observed

Attends class regularly _____

Is a self-starter _____

Takes responsibility _____

Displays good citizenship _____

Shows positive attitude _____

Works independently _____

Works well with groups _____

Is motivated _____

Demonstrates strong character _____

Comments:

EAC Higher Education Scholarship Agreement

I, _____, parent or guardian of _____
give my permission for my child to participate in the EAC Higher Education Scholarship
offered by the Edgewater Alliance Church and administered by the Strategic Resource
Team. I have read and understand the requirements for receiving an EAC Higher
Education Scholarship, and I understand the importance of ministry focus for my child.
I agree to help my child to follow the guidelines that we have received.

Date _____

Signed _____(Parent)

Signed _____(Student)

SIGNATURE PAGE

This application has been voluntarily submitted on behalf of my child.

I understand that my child is one of many deserving students being considered.
Submitting an application does not mean that my child will automatically be selected.

I understand that, while the application information is confidential, it will be shared with the Edgewater Alliance Church Strategic Resource Team and administrators of the church.

I understand that if selected, my child must adhere to the program requirements to receive the scholarship.

I understand that this scholarship is awarded for one academic year only and my child will need to reapply each year if they desire to continue to be considered for this scholarship.

Parent/Guardian Signature _____

Student Signature _____

Date _____