

# 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:

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## **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

1 Attends Class regularly \_\_\_\_\_

2 Is a self-starter \_\_\_\_\_

3 Takes Responsibility \_\_\_\_\_

4 Displays good citizenship \_\_\_\_\_

5 Shows positive attitude \_\_\_\_\_

6 Works independently \_\_\_\_\_

7 Works well with groups \_\_\_\_\_

8 Is Motivated \_\_\_\_\_

9 Demonstrates strong character \_\_\_\_\_

Comments:

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**Confidential- Please Complete and return directly to EAC Office by April 18, 2018**

## **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 a 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 \_\_\_\_\_