

Church Of God In Christ, Inc.
International Youth Department Scholarship

Bishop Charles E. Blake, Presiding Bishop
Pastor Ben Stephens, International President
Evangelist Joyce Rodgers, International Chairlady

HIGH SCHOOL GRADUATE APPLICATION
GENERAL INSTRUCTIONS

Dear Applicant,

The following instructions are provided to assist you in the application process:

1. Complete your application with the following information and please submit via **Certified Mail, Fed Ex, UPS or USPS Priority Mail** to the address listed below.
 - One recent 3x5 or 4x6 color photo of student (no photocopies).
 - An official *sealed* copy of student's high school transcript. Transcript must show cumulative grade point average. Unofficial copies will not be accepted.
 - Letter of acceptance from the 4 year college or university institution of student's planned attendance.
 - Three character references one from your High School Administrator/Counselor, one from your pastor, and one from your youth president/chairlady.
 - IYD Policy Statement signed by student and parent/guardian.
 - Completed Scholarship Application signed by student and parent/guardian.
 - Student's typed resume (one page) with all accomplishments, achievements, community involvement, and school activities. Indicate all areas where you exercised leadership.
2. Please answer all questions (typed or printed in black ink) on the application.
3. Completed application materials **must be postmarked by Friday, June 12, 2015. Incomplete or late applications will not be accepted.**

SUBMIT VIA CERTIFIED MAIL; INCLUDING FED EX, UPS OR USPS PRIORITY MAIL ONLY

TO:

International Youth Department Church of God in Christ
Collegiate & Young Adult Ministries (High School IYD App.)
Versie T. Cuthbert
P. O. Box 940816
Houston, Texas 77094

****Hand delivered applications will not be accepted.**

If you have any questions please contact Versie T. Cuthbert 713-816-6662 email vcuthbert@comcast.net

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IYD SCHOLARSHIP FUND
POLICY STATEMENT

The International Youth Department has been established to financially assist students who are *active* members of Church of God in Christ. The following guidelines will be followed in administration of the fund.

1. The purpose of IYD is to award scholarships to candidates who meet **ALL** eligibility requirements listed below. Funds are distributed based on contributions to meet our objectives.
2. Candidate eligibility requirements are as follows:
 - The candidate must have achieved a minimum cumulative grade point average of 3.0 in grades 9 through 1st semester of senior year.
 - The scholarship award must be used for costs incurred in attending 4 years college or university of acceptance.
 - The candidate must be an active member for a minimum of 12 months and in good standing (**validated by a character reference from a COGIC Youth Leader only**) and supporter of Church of God in Christ.
3. Scholarship monies will be awarded in increments based on quarterly, semester or trimester of college attended, **AFTER PROOF OF ENROLLMENT AND A CLASS SCHEDULE** is submitted to IYD Scholarship Coordinator. **Students should not depend on scholarship funds for initial registration/tuition fees.** Scholarships will not be available until after the fourth (4th) week of the school year.
4. Qualified student will complete an on time application by June 12, 2015.
5. Candidates need 3 letters of recommendation; one from your High School Administration/Counselor, one from your Pastor, and one from your Youth Department President/Chairlady.
6. Candidates must present an official sealed copy High School transcript; Transcript must show cumulative 3.0 grade point average in grades 9 through 1st semester of senior year. Unofficial copies will not be accepted.
7. Letter of acceptant from 4 year college or university.
8. All eligible candidates may apply by completing an application. All application materials must be submitted in one complete packet. **INCOMPLETE PACKETS WILL NOT BE PROCESSED.**
9. **APPLICATIONS RECEIVED AFTER THE DEADLINE DATE WILL NOT BE PROCESSED.**
10. Candidates awarded scholarships will be notified by mail before the beginning of the school term by an official letter from IYD.
11. Unclaimed funds remaining at the close of each fiscal year will be returned to the general scholarship fund. The specific deadlines on claiming funds are provided in the award letter. We have read and fully understand all of the noted guidelines of the IYD Scholarship Policy Statement and will adhere to the policy in its entirety. **We further acknowledge that we have submitted all required materials and this application is complete.**

Signed _____ (Applicant) Date _____

Signed _____ (Parent/Guardian) Date _____

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IYD SCHOLARSHIP FUND ORGANIZATION
SCHOLARSHIP APPLICATION

(High School)
(Please print or type)

Name _____
Last First Middle

Address _____ City _____ Zip _____

Email Address _____ Birth Date _____

Do you live with your parent(s)/guardian? _____ (Yes or No)

If yes, indicate parent/guardian name(s) _____

If no, indicate name(s) and relationship(s) of persons with whom you reside

Home phone number of student/parent/guardian _____

Name of high school _____

High school cumulative G.P.A. _____ (9th through 1st semester of senior year)

High school counselor name and phone number _____

Are you attending a 4-yr institution? _____

Name and address of institution chosen to attend _____

I will major in _____ and plan to be (profession) _____ in the future.

In order for IYD to become better acquainted with you (student applicant), please submit a **typed** resume (one page). Include all accomplishments and achievements, community involvement and school activities. Indicate all areas where you exercised leadership.

Signed _____ (Applicant) Date _____

Signed _____ (Parent/Guardian) Date _____

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PASTOR
CHARACTER REFERENCE

(Please print or type)

SECTION 1: TO BE COMPLETED BY APPLICANT

Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

SECTION 2: TO BE COMPLETED BY PERSON PROVIDING CHARACTER REFERENCE

The above individual has applied for a scholarship from the IYD Scholarship Fund Organization, and has given your name as a character reference. Please complete the information below to the best of your knowledge. Your comments will be kept confidential.

How long have you known the student applicant? _____ (days/months/years)

Student's level of involvement/participation _____%

If less than 50% please explain _____

In your opinion, is the student applicant conscientious and motivated to succeed?

In your opinion, will the applicant be able to compete on a college level?

In your opinion, what are the most impressive qualities possessed by the student applicant?

Please make any additional comments that will assist IYD in understanding more about the student applicant. _____

Signature _____ Date _____

Title _____

Organization _____

Address _____ City/State _____ Zip _____

Please place this form in a SEALED envelope with your signature across the flap. Return the sealed and signed envelope to the student applicant.

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HIGH SCHOOL ADMINISTRATOR/COUNSELOR

CHARACTER REFERENCE

(Please print or type)

SECTION 1: TO BE COMPLETED BY APPLICANT

Name _____ Birth Date _____

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YOUTH PRESIDENT/CHAIRLADY
CHARACTER REFERENCE

(Please print or type)

SECTION 1: TO BE COMPLETED BY APPLICANT

Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

SECTION 2: TO BE COMPLETED BY PERSON PROVIDING CHARACTER REFERENCE

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Signature _____ Date _____

Title _____

Organization _____

Address _____ City/State _____ Zip _____

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