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 <u>must be postmarked by</u>
 Saturday, June 10, 2017. 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 based on quarterly, semester or trimester of college attended, after proof of enrollment, a class schedule, and the return of the I9 form is submitted to IYD Scholarship Coordinator. STUDENTS SHOULD NOT DEPEND ON SCHOLARSHIP FUNDS FOR INITIAL REGISTRATION OR TUITION FEES. Scholarships will not be available until later of the school year.
- 4. Qualified student will complete an on time application by June 10, 2017.
- 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 <u>WILL NOT</u> 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

Revised: 2017

Church Of God In Christ, Inc. International Youth Department Scholarship Bishop Charles E. Blake, Presiding Bishop

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

IYD SCHOLARSHIP FUND ORGANIZATION SCHOLARSHIP APPLICATION

(High School) (Please print or type)

Name		
Last	First	Middle
Address	City	Zip
Email Address	Birth Da	nte
Do you live with your parent(s)/gua	rdian? (Yes or	No)
If yes, indicate parent/guardian nam	e(s)	
If no, indicate name(s) and relations	hip(s) of persons with whom y	ou reside
Home phone number of student/pare	ent/guardian	
Name of high school		
High school cumulative G.P.A.		(9 th through 1 st semester of senior year)
High school counselor name and ph	one number	
Are you attending a 4-yr institution	?	
Name and address of institution cho	sen to attend	
I will major in	and plan to be (pro	ofession)in the future.
	ments and achievements, comm	plicant), please submit a typed resume nunity involvement and school activities.
Signed	(Applicat	nt) Date
Signed	(Parent/Guardi	an) Date

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PASTOR CHARACTER REFERENCE

(Please print or type)

Name	Birth D	Date	
Address			
City	State	Zip_	
SECTION 2: TO BE COMPLE	TED BY PERSON PROVIDIN	G CHARACTER RE	FERENCE
The above individual has applie given your name as a character a knowledge. Your comments will	reference. Please complete the in		
How long have you known the s	student applicant?	(day	s/months/years)
Student's level of involvement/p	participation %		
If less than 50% please explain_			
In your opinion, is the student a	pplicant conscientious and moti	vated to succeed?	
In your opinion, will the applica	ant be able to compete on a colle	ege level?	
In your opinion, what are the mo	ost impressive qualities possesso	ed by the student appl	icant?
Please make any additional comapplicant		nderstanding more abo	out the student
Signature		Date	
Title			
Organization			
Address		City/State	7:

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HIGH SCHOOL ADMINISTRATOR/COUNSELOR

CHARACTER REFERENCE

(Please print or type)

Name	Birth Date _		
Address		_	
City	State	Zip	
SECTION 2: TO BE COMPLETE	ED BY PERSON PROVIDING CH	HARACTER REFE	RENCE
The above individual has applied a given your name as a character ref knowledge. Your comments will be	Ference. Please complete the inform		
How long have you known the stu	dent applicant?	(days/n	nonths/years)
Please explain acquaintance			
In your opinion, is the student app	licant conscientious and motivated		
In your opinion, will the applicant			
In your opinion, what are the most	impressive qualities possessed by	the student applica	nnt?
Please make any additional comm applicant.	ents that will assist IYD in unders	tanding more about	the student
Signature	Date	e	
Title			
Organization			
Address	City	y/State	Zip
Please place this form in a SEALED env student applicant.	elope with your signature across the flap	o. Return the sealed and	d signed envelope to the

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YOUTH PRESIDENT/CHAIRLADY CHARACTER REFERENCE

(Please print or type)

Name	eBirth Date		
Address			
City	State	Zip_	
SECTION 2: TO BE COMPLETED BY F	PERSON PROVIDING C	CHARACTER RE	FERENCE
The above individual has applied for a sch given your name as a character reference. knowledge. Your comments will be kept of	Please complete the infor		
How long have you known the student app	plicant?	(day	s/months/years)
Student's level of involvement/participation	on %		
If less than 50% please explain			
In your opinion, is the student applicant co	onscientious and motivate	ed to succeed?	
In your opinion, will the applicant be able	to compete on a college	level?	
In your opinion, what are the most impress	sive qualities possessed b	by the student appl	icant?
Please make any additional comments tha		_	out the student
applicant			
Signature	Da	te	
Title			
Organization			
Address			
Please place this form in a SEALED envelope with	h vour signature across the fla	np. Return the sealed	and signed envelope to