

INTERNATIONAL YOUTH DEPARTMENT CHURCH OF GOD IN CHRIST, INC.

Bishop Charles E. Blake, Presiding Bishop
Dr. Benjamin 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 submit via **Certified Mail, Fed Ex, UPS or USPS Priority Mail** to the following address.

International Youth Department Church of God in Christ
Collegiate & Young Adult Ministries IYD Scholarship App

Versie T. Cuthbert
P. O. Box 940816
Houston, Texas 77094

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

- One recent 3x5 or 4x6 color photo of student (no photocopies).
 - One-page typed 100-Words Essay with cover sheet APA format: “Why Do You Deserve This Scholarship?”
 - 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 college or university 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 applicant 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 May 22, 2019**. **Incomplete or late 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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SCHOLARSHIPS FOR HIGH SCHOOL GRADUATE POLICY STATEMENT

The International Youth Department Scholarship 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. AFTER PROOF OF ENROLLMENT, A CLASS SCHEDULE, and the return of the W-9 form is submitted to IYD Scholarship Coordinator and the Fiscal Affairs Department. **Students should not depend on scholarship funds for initial registration/tuition fees.** Scholarships will not be available until later of the school year.
4. Qualified student will complete an on time application by May 22, 2020. **APPLICATIONS RECEIVED AFTER THE DEADLINE DATE WILL NOT BE PROCESSED.**
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 High School transcript; showing 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. Candidates awarded scholarships will be notified by email before the beginning of the school term by an official letter from IYD. The IYD Scholarship checks are mail certified with return receipt to the address listed on the W-9 Form. The IYD Scholarship check will be valid for 90 days after the date written on the check. After 90 days, the check will be void.
10. Candidates shall have one year to notify the IYD Scholarship Committee/Fiscal Affairs Department change of institution, address, or failure to receive scholarship disbursement. If we are not notified, unclaimed funds remaining at the close of each fiscal year will be returned to the general scholarship fund.
11. 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
HIGH SCHOOL GRADUATE SCHOLARSHIP APPLICATION**
(Please print or type)

Name _____
Last First Middle

Address _____

City\State _____ 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 _____

Major: _____

Professional Goal: _____

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 _____ Date _____
(Applicant)

Signed _____ Date _____
(Parent/Guardian)

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SCHOLARSHIP FOR HIGH SCHOOL GRADUATES

ADMINISTRATOR/COUNSELOR 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)

Please explain acquaintance _____

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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SCHOLARSHIP FOR HIGH SCHOOL GRADUATES

**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 _____

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Address _____ City/State _____ Zip _____

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Scholarship for High School Graduates

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

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.

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If less than 50% please explain _____

In your opinion, is the 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 applicant?

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

Signature _____ Date _____

Title _____

Organization _____

Address _____ City/State _____ Zip _____

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