Bishop Charles E. Blake, Presiding Bishop Dr. Benjamin Stephens, International President Evangelist Joyce Rodgers, International Chairlady

<u>SCHOLARSHIP APPLICATION FOR RETURNING COLLEGE STUDENTS</u> 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 (IYD) 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 applicant's latest transcript. Transcript must show cumulative grade point average. Unofficial copies will not be accepted.
- > Letter/proof from the college or university registrar of applicant's attendance.
- Four letter of recommendations, one from someone in academia, one from your pastor/ministry leader, and one from your youth Auxiliaries in Ministry Leaders (AIM), and one from someone who known you for three years or longer (non-family member).
- > IYD Policy Statement signed by applicant.
- > Completed Scholarship Application signed by applicant.
- Applicant's typed resume (no more than two pages) with all accomplishments, achievements, community involvement, and church activities. Indicate all areas where you exercised leadership.
- **2.** Please answer all questions (typed or printed in black ink) on the application. Indicate "N\A" for those areas that do not apply.
- **3.** Completed application materials <u>must be postmarked by</u> May 21, 2021. 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

Bishop Charles E. Blake, Presiding Bishop Dr. Benjamin Stephens, International President Evangelist Joyce Rodgers, International Chairlady

IYD SCHOLARSHIP FUND 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.
 - The scholarship award must be used for costs incurred in attending a college or university of acceptance.
 - The candidate must be an active member of local Church Of God In Christ for a minimum of 12 months and in good standing (validated by a character reference from a church leader) and supporter of Church of God in Christ.
- 3. PROOF OF ENROLLMENT, A CLASS SCHEDULE, and the return W-9 form is submitted to IYD Scholarship Coordinator and the Fiscal Affair 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 21, 2021. APPLICATIONS RECEIVED AFTER THE DEADLINE DATE <u>WILL NOT</u> BE PROCESSED.
- 5. Candidates need 4 letters of recommendation; one from someone in academia, one from your pastor/ministry leader, and one from your youth AIM Leaders, and one from someone who known you for three years or longer (non-family member).
- 6. Candidates must present an official sealed transcript; showing cumulative 3.0 grade point average. Unofficial copies will not be accepted.
- 7. Letter/proof from the college or university registrar of applicant's attendance.
- 8. All eligible candidates may apply by completing an application. All application materials must be submitted in one complete packet. **INCOMPLETE PACKETS** <u>WILL NOT</u> **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. I acknowledge that I have read and understand guidelines of the International Youth Department Scholarship Policy Statement and will adhere to the policy in its entirety. I further acknowledge that I have submitted all required materials and this application is complete.

Signed	(Applicant)	Date

Bishop Charles E. Blake, Presiding Bishop Dr. Benjamin Stephens, International President Evangelist Joyce Rodgers, International Chairlady

IYD SCHOLARSHIP FUND ORGANIZATION COLLEGE STUDENTS APPLICATION

(Please print or type)

Name:							
Last		F	irst			Middl	e
Address:							
City\State				Zip			
Email Address: _				Birtl	n Date		_
Name of previou	s school attende	ed and statu	s:				
Cumulative G.P.	A.:						
Do you live alone	?	(Yes or No)					
If no, indicate nar	ne(s) and relatio	nship(s) of p	ersons w	ith whom	n you reside		
Home phone nur	nber/mobile:						
Home phone num	nber/mobile:						
Name and addre	es of institution	chosen to a	ttond (A	voore in	stitution).		
Name and addre	ss of institution	chosen to a	ttenu (4-	years m	sitution).		
College Cumulat	ive G.P.A:		(Verified	l via the s	submitted of	ficial transo	cript)
Classification							
Classification	(Freshman	Sophomore	Junior	Senior	Graduate	Doctoral	Certification)
Number of college	e credits earned	to date	Tot	al numbe	er of credits	required for	graduation
Major Course of S	tudy		C	Concentra	tion(s)/Min	or(s)	
Professional Goals	L						
In order for IYD t maximum). Inclu all areas where yo	de all accomplis	shments and					two pages volvement. Indicate

Signed:	Date
(Applicant)	

Bishop Charles E. Blake, Presiding Bishop Dr. Benjamin Stephens, International President Evangelist Joyce Rodgers, International Chairlady

COLLEGE STUDENTS SCHOLARSHIP APPLICATION

ADMINISTRATOR/PROFESSOR CHARACTER REFERENCE (Please print or type)

SECTION 1: TO BE COMPLETED BY APPLICANT

Name_____

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 _____ City/State Zip Address

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

Bishop Charles E. Blake, Presiding Bishop Dr. Benjamin Stephens, International President Evangelist Joyce Rodgers, International Chairlady

COLLEGE STUDENTS SCHOLARSHIP

PASTOR/MINSTRY LEADER

CHARACTER REFERENCE

(Please print or type)

SECTION 1: TO BE COMPLETED BY APPLICANT

Name

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.

Bishop Charles E. Blake, Presiding Bishop Dr. Benjamin Stephens, International President Evangelist Joyce Rodgers, International Chairlady

SCHOLARSHIP COLLEGE STUDENTS

YOUTH AUXILIARIES IN MINISTRY LEADERS CHARACTER REFERENCE

(Please print or type)

SECTION 1: TO BE COMPLETED BY APPLICANT

Name			
Address			
City	State	Zip	
SECTION 2: TO BE COMPLETED BY	Y PERSON PROVIDIN	IG CHARACTER	REFERENCE
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 info		
How long have you known the student ap	plicant?	(days/months/ye	ears)
Student's level of involvement/participation	on%		
If less than 50% please explain			
In your opinion, is the applicant conscient	tious and motivated to su	cceed?	
In your opinion, will the applicant be able	to compete on a college	level?	
In your opinion, what are the most impres	sive qualities possessed	by the applicant?	
Please make any additional comments tha	t will assist IYD in unde	rstanding more abo	but the applicant.
Signature	Da	te	
Title			
Organization			
Address	City/State		Zip
Please place this form in a SEALED envelope wit student applicant.	h your signature across the fl	ap. Return the sealed	and signed envelope to th