

ALPHA SEVENTH-DAY ADVENTIST CHURCH SCHOLARSHIP APPLICATION

Personal information:

Name:				
Address:				
City, State, ZIP:				
Phone:	Age: Email Address			
Name of the High School you are c	urrently attending:	·		
GPA?				
Name of College you will be attend	ling:			
Start date?				
What is your intended major?				
What is your present career goal?				
Financial Overview				
The Scholarship Committee will keep the following information strictly confidential				
Sibling Information				
Sibling Name	Age	Grade		
Father's Name:				
Mother's Name:				

Family Income

Please check the range that is appropriate

Under \$50,000 \$50,000 - \$100,000 \$100,000 - 150,000 Over \$150,000

\$100,000 – 150,000 Over \$150,000		
CHURCH/COMMUNITY SERVICE		
When did you become a member	of Alpha?	
Do you attend church services an	d/or church activities on a regular ba	sis?
Please list church activities/minist	ries you have participated in at Alph	a (i.e. Pathfinder's)
Activity/Ministry	Dates	Leadership Role
•		•
Please list activities that you have	participated in while in High School	Community Service, etc.
Activity	Dates	Leadership Role

Share with us significant steps of Christian growth that you have experienced. (Continue on separate sheet if necessary).

What other scholarships/grants have you applied for?

Name of Scholarship/Sponsor	Range of Scholarship Given

What are your anticipated total expenses for the next academic year books, etc.	ar, including tuition, room & board,	
List jobs you have held or presently hold and your contribution to your college expenses.		
<u>Please submit a copy of your high school transcript with this application</u> . If you are currently enrolled in college, please submit a summary of courses taken, grade point average through 1 st semester and anticipated 2 nd semester grades.		
Please list any academic awards received.		

Please write a short essay telling the scholarship committee about you as an individual. What do you like to do, where you spend your free time? Use this space to paint the picture that is you. Continue on a separate page if necessary.

List any factors that you feel should be taken into account by the committee reviewing this request, financial or otherwise.
Personal reference letters sealed in envelopes from each of the following persons must accompany the application form. A Pastor/Leader of Alpha. A High School teacher/administrator or college professor A member of Alpha
I have read and understand the guidelines for this scholarship; to the best of my knowledge the above information is true and accurate. I authorize the release of this information to members of the Scholarship Committee. Signed:
Date:
Mail the entire completed form to Alpha SDA Church by
Alpha SDA Church ATTN: Scholarship Committee 3016 E 51 st Street Austin, TX 78723