



APPLICATION FOR AMARANTH SCHOLARSHIP

PLEASE ATTACH CURRENT TRANSCRIPT OF GRADES FROM SCHOOL OR COLLEGE YOU ARE NOW ATTENDING. A CURRENT PICTURE OR SNAPSHOT WITH YOUR NAME AND ORGANIZATION NOTED ON THE BACK OF THE PICTURE.

PLEASE FEEL FREE TO ATTACH ANY INFORMATION THAT MIGHT HELP US IN DETERMINING YOUR FINANCIAL NEEDS.

Application must be completed and signed by applicant, reviewed and signed by adult leaders of the group in order to be considered. Deadline is **April 15, 2018**.

NAME _____
(First) (Middle) (Last)

DATE OF BIRTH _____ **SOCIAL SECURITY NUMBER** _____

ADDRESS _____
(Street) (City, State) (Zip Code) (Phone)

YOUTH GROUP _____
(Bethel, Assembly, or Chapter)

INITIATION DATE: _____ **POSITIONS FILLED AND YEAR** _____

ARE YOU THE RECIPIENT OF ANOTHER SCHOLARSHIP _____

IN WHAT AMOUNT _____ **FROM WHOM** _____

COLLEGE OR SCHOOL DATA:

1. Are you currently enrolled _____
2. Name of college or school now attending _____
3. Present grade level _____

COLLEGE OR SCHOOL YOU PLAN TO ATTEND:

1. Name of College or School: _____
2. Address of College or School: _____
3. Name and Address of Registrar: _____
4. Field of Study: _____

PREPARATION:

What have you done to prepare for college or specialized training? Be Specific. _____

Occupation of Father or Guardian _____

Place of Employment and Yearly Salary: _____

Occupation of Mother _____

Place of Employment and Yearly Salary: _____

Number and ages of other dependents living at home: _____

Do you expect to work while going to school? _____

If Yes, full or part time? _____ Expected Monthly Income _____

YOUTH GROUP ACTIVITIES: (Participation) During the Past Two Years: _____

CHURCH ACTIVITIES: _____

SCHOOL ACTIVITIES: _____

COMMUNITY ACTIVITIES: _____

SIGNATURE OF APPLICANT: _____

You may attach another sheet for your resume, if needed. Copies of the application may be reproduced.

ADULT LEADERS OF GROUP RECOMMENDING:

Signature and Title

Phone

Signature and Title

Phone

Signature and Title

Phone