

## Washington District Educational Scholarship Fund

## APPLICATION FOR SCHOLARSHIP

*Please clearly print or type the information requested in the spaces provided on this form. If you need additional space, please use a separate sheet of paper And clearly identify the question you are answering separately.*

**Name of Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone: ( )** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Martial Status:** ☐ Single ☐ Engaged ☐ Married ☐ Divorced ☐ Widowed

**Please name, if any dependents in your household including your spouse and/or children:**

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

4) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_

**Have you been baptized in Jesus Name as instructed in Acts 2:38?** Yes No **Date:** \_\_\_\_\_

**Have you received the gift of the Holy Ghost as promised in Acts 2:38?** Yes No **Date:** \_\_\_\_\_

**What church in the Washington District do you attend?** \_\_\_\_\_ **How long?** \_\_\_\_\_

**Pastor's Name:** \_\_\_\_\_

**Please check the highest level of education completed:** ☐ High School ☐ College or University ☐ Graduate Study

**Name of High School:** \_\_\_\_\_ **Graduation Date:** \_\_\_\_\_

**Name of College or University:** \_\_\_\_\_ **Graduation Date:** \_\_\_\_\_

**Please briefly state the reason that you wish to attend Bible college:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I verify that the information provided on this application is true and correct, and I understand that any falsifying of factual information either on this application or in an interview could disqualify me from consideration for scholarship as well as nullify any scholarship awarded on my behalf. I also understand that a maximum of five first year scholarships and a maximum of five second year scholarships will be awarded each academic year. Each scholarship awarded is in the amount of one thousand dollars (\$1000.00). I understand and agree that upon approval for scholarship I must complete a full year of Bible college to receive scholarship monies. The scholarship will be disbursed during the final quarter of the academic year to the college in which I am enrolled. I am also aware that this completed application and a letter of recommendation from my pastor under separate cover must be received in the District Secretary's office on or before March 31st.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Pastor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mail application to : Washington District U.C.P.I., P.O. Box 55235, Shoreline, WA 98155**



For Office Use Only

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Approved

☐

Conditional Approval

☐

Rejected

NOTES:

Superintendent

Date

Secretary

Date