

SCHOLARSHIP APPLICATION 2024

Must be filled out by applicant and submitted between May 1st and July 15th.

Please check one of the following:
New Scholarship Applicant
Scholarship Renewal

	Please type on a separate sheet or print your answers below. If application is illegible, it will be returned to you.							
1	Last Name: First Name:							
2	Mailing Address:							
	City: ST: Zip:							
3	Daytime Phone: () Email Address:							
4	Current School of EDU: College ID#:							
5	I will be attending the following school in the Fall of 2024: Address: Phone: ()							
6	What year will you enter school? Freshman Sophomore Junior Senior							
7	Will you be a full-time student? Yes No							
8	ACT Score: or SAT Score: A copy of your ACT or SAT score sheet on official high school transcript is required.							
9	Name & address of parent(s) or legal guardian (s): Use reverse side of application if you need more space. Name(s)							
	Street:							
	City:ST:Zip:							
	Home Phone of parent or legal guardian: ()							

10	List the name	of any college you have attended.		Year Began	Year Ended	Year Graduated	Degree Received	
	A							
	В							
	C							
11	What specialt	cialty/major do you plan to major in as you continue your education?						
12	List expenses you expect to incur per semester or quarter (approximate figures acceptable). Make additional comments if needed. A. Tuition Amount: \$ B. Books Amount: \$ C. Room & Board Amount: \$ D. Other Expenses Amount: \$							
	E. Other Expe	nses Amount: \$						
13	A. Personal B. Other Scho C. Grants D. Student Lo	ncial assistance you will receive per Amount: \$ larships Amount: \$ Amount: \$ an(s) Amount: \$ acial Resources Amount: \$		<u> </u>				
	PLEASE LIST	INFORMATION for #14 & #15 ON A	SEPARATE S	SHEET II	F NEEDE	D.		
14	SCHOOL EXTRA-CURRICULAR ACTIVITIES: Please list school extra-curricular activities in which you have participated. Note leadership roles and dates.							
15	ORGANIZATIONS: Please list community organizations such as service, volunteer and religious organizations in which you are now active or have previously been active. Note leadership roles and dates.							
16	 A. The following items must be attached to this application in order for the application to be qualified for review by the Scholarship Committee. B. Your application will be returned to you if theses items are not attached to this application. (No exceptions.) C. Circle "YES" or "NO" to be sure you have attached each item. 							
	YES NO Two reference forms, one of which is from the Pastor that oversees the area of your active involvement. Your references should mail these forms to: Victory Church, 15 Bedford Rd., Lowellville OH 44436, Attn: Accounting Department / Scholarship Committee							
	YES NO							
	YES NO	Most recent OFFICIAL high scho transcript are not acceptable.	ol or OFFICI	AL colle	ge tran	script. Photo	ocopies of your	
	YES NO	Answers to questions 1–15.						

Criteria

- High School Senior applicant or a Freshman through Senior College applicant
- Part-time or Full-time student
- GPA requirements (Minimum 3.5)
- Active ministry involvement at Victory Church (minimum 1 year)

Maximum Allowance

- Amounts distributed per person based upon:
 - » Eligibility
 - » Previous funds received (Max \$10K)
 - » Number of qualifying candidates
 - » Amounts distributed by Huntington Bank/Victory Church middle to end of August based upon timely approvals

Additional Facts

- Technical School programs are not eligible
- School of Ministry programs are not eligible

Deadline

- Applications are available May 1st
- All completed applications must be received, completed, no later than July 15