



Mississippi District United Pentecostal Church
**Ladies Ministry \$1000
 Bible School Scholarship
 Student Information Application**



All Areas Must be Completed (Please Type or Print)
 ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL
Deadline June 20, 2019

PERSONAL INFORMATION

Last Name _____ First _____ Middle _____ Social Security # _____
 Address _____ City _____ State _____ & Zip _____
 Home Phone _____ Cell Phone _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____
 Address _____ City _____ State _____ & Zip _____
 Home Phone _____ Cell Phone _____

CHURCH INFORMATION

Church you attend Church _____ City _____
 Pastor _____ Pastor's Phone # _____
**Please attach a letter of recommendation from your pastor*

HIGH SCHOOL OR GED DATA

School Name _____ Date of Graduation _____
 List below any Honors, Awards, Accomplishments, Activities and your Future Goals:

On a separate page write a brief essay (250 words or less) about your goals as they relate to your education, career and future plans. (Please type) Essay must be signed by applicant.

COLLEGE DATA

Name of Bible College you plan to attend _____
 Plan for major _____
 Purpose for attending Bible School _____

FINANCIAL DATA

Please indicate which of the following income ranges matches your family's gross income
 _____ Under \$30,000 _____ \$30,000-\$44,999 _____ \$45,000-\$59,000 _____ \$60,000-\$74,999 _____ over \$75,000

If you are receiving other financial aid (including all scholarships), please list by name and amount.

Name _____ Amount _____
 Name _____ Amount _____

If there are any family circumstances that would influence your need for financial assistance, please describe



PERSONAL REFERENCES

(One reference must be your pastor with a letter of recommendation included with application; others may include previous Sunday School Teachers, Youth Pastors, employers, or friends of your community)

Reference Name	Address	Relation	Phone #
1.) _____	_____	_____	_____
2.) _____	_____	_____	_____
3.) _____	_____	_____	_____

Certification

In submitting this application, we certify that the information provided is complete and accurate to the best of our knowledge. False information will result in the revocation of any scholarship granted.

Applicant's Signature _____ Date _____

Parent's Signature/Legal Guardian _____ Date _____

Mail application by June 20, 2019 to:
Mississippi District U.P.C.
P.O. Box 1188
Raymond, Ms 39154
Attention: Ladies Department Scholarship

Please include the following:

- 1.) Application
- 2.) Letter of Recommendation from Pastor
- 3.) Essay