

Return on or before April 20th of each year

ONLY

Return Completed Applications to: Horizons Church, Lost Creek Date Received: _____

Or Mail to:

Horizons Church

Po Box 60

Lost Creek, WV 26385

HORIZONS CHURCH- CHRISTIAN LIFE SCHOLARSHIP SCHOLARSHIP APPLICATION FORM

IMPORTANT: ENTRIES MUST BE TYPEWRITTEN OR PRINTED IN INK

GENERAL INFORMATION

1. Mr. _____
 Mrs. _____
 Miss _____

LAST NAME FIRST NAME MIDDLE NAME

2. PERMANENT MAILING ADDRESS

A. _____
 NUMBER AND STREET, RURAL ROUTE, BOX NUMBER

B. _____
 CITY COUNTY STATE ZIP CODE

3. HIGH SCHOOL GPA _____

4. HOME PHONE NUMBER _____

5. SOCIAL SECURITY NUMBER _____

6. D.O.B. _____
 MONTH, DAY, YEAR

7. SEX _____

8. GRANT YEAR _____

9. CLASS STATUS (FALL)

___ Technical School

___ Freshman

The Basis for Awarding the Scholarship:

- Forty Percent (40%)-Christian Character
- Forty Percent (40%)- Christian Service
- Twenty Percent (20%)- Academics

10. ATTENDANCE STATUS

___ Full-Time

___ Part-Time

11. STUDENT STATUS
___ Resident

12. REGISTRATION DATE

___Commuter

Month/Day/Year

SCHOOL INFORMATION

Name of School you will attend

City State

13. College/ Vocational school acceptance letter attached? ___ Yes ___ No

If No, please explain: _____

14. College Major/ Minor or Area of Training:

15. Other Colleges attended: (Names, Addresses, Dates Attended, Degree Received)

16. Father's Name: _____

Address: _____

17. Mother's Name: _____

Address: _____

18. Legal Guardian: (other than parent): _____

Address: _____

19. CERTIFICATION OF AUTHORIZATION

I certify that all information presented on this application is true and correct to the best of my knowledge. Further, I authorize the Scholarship Committee or their representatives to verify all information reported on this application by any means deemed prudent. However, no information can be obtained for any purpose outside the general purpose of this application; nor can any information obtained by the Scholarship Committee* or their representatives be released to any persons not associated with the Scholarship Committee without my written consent. Further, I understand and agree that any funds awarded to me as a result of this application will be used exclusively for educational purposes, and any intentional or unintentional misuse of said funds may subject me to criminal prosecution.

Signature of Applicant

Date

20. ***PLEASE ATTACH THE FOLLOWING WITH THIS APPLICATION

- a. Your High School Transcript
- b. List of School and Community Activities and Awards
- c. Statement on:

“I WOULD LIKE TO RECEIVE THIS SCHOLARSHIP BECAUSE...”

“I HAVE DEMONSTRATED CHRISTIAN CHARACTER IN THE FOLLOWING WAYS...”

“I HAVE DEMONSTRATED CHRISTIAN SERVICE IS THE FOLLOWING WAYS...”

The Basis for Awarding the Scholarship:

- Forty Percent (40%)- Christian Character
- Forty Percent (40%)- Christian Service
 - Twenty Percent (20%)- Academics