



## **MISSOURI DISTRICT YOUTH DIVISION**

### **Scholarship Application**

The following scholarship are available:

#### **Gateway College of Evangelism Youth On Mission**

**Scholarship applications and references must be received by Feb 1st of the year applying.**

The guidelines for these scholarships are as follows:

#### **Gateway College of Evangelism**

1. The applicant must have scored at least a 3.0 grade point average in High School.
2. The applicant must provide all information included in the application packet.
3. The scholarship will be applied to tuition and books only.
4. The scholarship is to be paid each semester directly to the college in the student's name once the school verifies student enrollment (student is responsible for getting the enrollment information).
5. Candidates for consideration are to be received and chosen by the Missouri District Youth Committee.

#### **Youth on Missions**

1. To be eligible for the scholarship, the applicant must have also applied to attend the Missouri District Youth on Missions trip. Trip application and scholarship application are separate forms. (Note: \$350 down payment is due with trip application)
2. The applicant must provide all information included in the application packet.
3. The scholarship will be paid directly to Missouri District YOM and will be applied for trip registration fees only. (purpose is not for trip spending money)
4. Candidates for consideration are to be received and chosen by the Missouri District Youth Committee.

*All information on this scholarship application should be considered confidential*

**Missouri District Youth Division  
Scholarship Application**

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**Personal Data**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Email \_\_\_\_\_

Parents or Guardian:

Father \_\_\_\_\_ Occupation \_\_\_\_\_

Mother \_\_\_\_\_ Occupation \_\_\_\_\_

Number of siblings living with parents \_\_\_\_\_

What is your household's income for the last calendar year? \$ \_\_\_\_\_

Do you have any health factors (physical or emotional) of which we should be aware? If so, explain:

\_\_\_\_\_

**Scholastic Information** (For Gateway Scholarship only)

Name of high school attended \_\_\_\_\_

Address of high school \_\_\_\_\_

Name of Principal \_\_\_\_\_ Phone (    ) \_\_\_\_\_

List any scholastic honors you have received:

\_\_\_\_\_

List school activities in which you participated:

\_\_\_\_\_

**Essay** (Required)

**Gateway Scholarship**

On a separate piece of paper, express in your words why would you would like to attend or continue to attend Bible College. Explain what contributions you believe Christian education can make to your life and how you plan to utilize the benefits in the future. (300-500 words)

**Youth on Missions**

On a separate piece of paper, express in your words why would you would like to participate in a Youth on Missions trip. (300 words)

*All information on this scholarship application should be considered confidential*

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**Christian Service Information**

Have you received the baptism of the Holy Ghost according to Acts 2:4? YES NO

Approximate Date \_\_\_\_\_ Location \_\_\_\_\_

Have you been baptized in Jesus' name according to Acts 2:38? YES NO

Approximate Date \_\_\_\_\_ Location \_\_\_\_\_

Are you living a consistent Christian life to the best of your ability? YES NO

**Signatures**

\_\_\_\_\_  
Applicant                                      Guardian                                      Pastor

\_\_\_\_\_  
Date

**Scholarship Check List** (All items required for consideration)

- \_\_\_\_\_ Pastoral reference form given to pastor  
(Note: Completed form can be mailed with application or mailed directly by pastor)
- \_\_\_\_\_ Scholarship application completely filled out
- \_\_\_\_\_ Essay enclosed
- \_\_\_\_\_ Recent photo enclosed

**Mail all items to:**

Scholarship Application  
Missouri District UPC  
PO Box N  
Florissant, MO 63031

**Questions?**

**Visit [www.moyouth.com](http://www.moyouth.com)**

## Missouri District Youth Division Scholarship Application Pastoral Reference

Applicant's Name \_\_\_\_\_

Pastor \_\_\_\_\_ Phone (    ) \_\_\_\_\_ Email \_\_\_\_\_

Pastor:

The young person who has given this reference form to you is applying for a Missouri District Youth Department scholarship. Your prompt reply is deeply appreciated and will be held in strictest confidence. Please complete and return by February 1st to the following address:

Scholarship Reference  
Missouri District UPC  
PO Box N  
Florissant, MO 63031

Please evaluate the applicant in the following areas: (mark with an x)

	Top 10%	Above Average	Below Average	Average	Unknown
Emotional Maturity	_____	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____	_____
Moral Character	_____	_____	_____	_____	_____
Personal Initiative	_____	_____	_____	_____	_____
Cooperativeness	_____	_____	_____	_____	_____
Respect for Authority	_____	_____	_____	_____	_____
Personal Motivation	_____	_____	_____	_____	_____
Spiritual Development	_____	_____	_____	_____	_____
Church Faithfulness	_____	_____	_____	_____	_____
Burden for Soulwinning	_____	_____	_____	_____	_____
Involvement in Church	_____	_____	_____	_____	_____

How long have you known this applicant? \_\_\_\_\_

Would you recommend this young person for a scholarship?    YES    NO    WITH RESERVATION

Comments:

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