



# “Willing Hearts Helping Hands”

## Women’s Fellowship 2024

Bethel Gilead Community Church

[bethelgilead.org](http://bethelgilead.org)

[office@bethelgilead.org](mailto:office@bethelgilead.org)

### **APPLICANT:**

1. Will be a full time college student. (taking 12 hours a semester or more)
2. Will be attending a 2 - 4 year college.
3. Consideration will be given for a trade school or other special training or equipment
4. Will understand this scholarship can be received only one time.

Deadline for this application is May 19, 2024.

### **STUDENT SCHOLARSHIP APPLICATION:** Academic Information Form

Student Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone/Cell Number(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Legal Guardian’s Name: \_\_\_\_\_

Home Address (if different than student’s address): \_\_\_\_\_

Phone/Cell Number(s): \_\_\_\_\_

How long have you attended Bethel Gilead Community Church?

What university, college or trade school do you plan to attend?

What is your intended field of study?

List scholarships awarded this year.

Why would you like to receive this scholarship?



“Willing Hearts Helping Hands”

## **Women’s Fellowship 2024**

Bethel Gilead Community Church

[bethelgilead.org](http://bethelgilead.org)

[office@bethelgilead.org](mailto:office@bethelgilead.org)

---

Please share a statement of when you accepted Christ as your personal savior. How old were you?

Jesus said His disciples should be servants to others. How have you served?

What is your favorite Bible verse?

What in life is important to you?

What do your plans for the future include?

How do you believe your gifts from God are to serve others in your future?

How will you intend to continue your spiritual enrichment while working towards your future goals?



# “Willing Hearts Helping Hands”

## Women’s Fellowship 2024

Bethel Gilead Community Church

[bethelgilead.org](http://bethelgilead.org)

[office@bethelgilead.org](mailto:office@bethelgilead.org)

---

### **HONORS, AWARDS OR ACHIEVEMENTS**

*List any honors, awards, or special achievements you have received in the following areas:*

**Academics:**

- 
- 
- 
- 

**Community Service:**

- 
- 
- 
- 

**Others:**

- 
- 
- 
- 

### **ACTIVITIES**

*List activities and extent of participation in the following areas:*

**School:**

- 
- 
- 
- 

**Church:**

- 
- 
- 
- 

**Community:**

- 
- 
- 
-



# “Willing Hearts Helping Hands”

## Women’s Fellowship 2024

Bethel Gilead Community Church

[bethelgilead.org](http://bethelgilead.org)

[office@bethelgilead.org](mailto:office@bethelgilead.org)

**YOUTH LEADER SCHOLARSHIP:** Recommendation Form (Adults applying, please have a letter of recommendation from Pastor)

*To the applicant: Fill out the top section and then forward this form to the youth leader to complete.*

Applicant’s Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

*To the youth leader providing the recommendation: Please complete the information below and return the form to the Bethel Gilead Community Church Women’s Fellowship Scholarship Committee.*

How long have you known the applicant? \_\_\_\_\_ In what role? \_\_\_\_\_

Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please rate the applicant in each of the following categories on a scale of 1-5:**

*1 = Excellent; 2 = Very Good; 3 = Average; 4 = Below Average; 5 = No Judgment*

- |                        |                           |                       |
|------------------------|---------------------------|-----------------------|
| ___ Motivation         | ___ Self-Discipline       | ___ Growth Potential  |
| ___ Self-Confidence    | ___ Warmth of Personality | ___ Honesty/Integrity |
| ___ Concern for Others | ___ Reliability           | ___ Work Habits       |
| ___ Creative Qualities | ___ Reaction to Setbacks  | ___ Leadership        |

*Write a paragraph that would include your observations of the applicant at this time and how you have seen them use the spiritual gifts and talents used. You may attach a signed printout or use the back side of this form if needed. Thank you*



# “Willing Hearts Helping Hands”

## Women’s Fellowship 2024

Bethel Gilead Community Church

[bethelgilead.org](http://bethelgilead.org)

[office@bethelgilead.org](mailto:office@bethelgilead.org)

### **ACADEMIC INFORMATION FORM** (Adults applying may disregard this page)

Applicant’s Name: \_\_\_\_\_

*This section to be completed by appropriate school official.*

_____ Applicants Rank	_____ of No. of Students	
_____ Cumulative GPA	_____ Type of Scale	
_____ PSAT Percentage	_____ PSAT Verbal Percent	_____ PSAT Writing Percent
_____ SAT Reading Scale	_____ SAT Math Scale	_____ SAT Writing Scale
_____ ACT Verbal Percent	_____ ACT Math Percent	

*I certify this data is from a current official transcript*

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Date: \_\_\_\_\_

School Official’s Signature: \_\_\_\_\_ Title: \_\_\_\_\_