OVERCOMING CHURCH OF GOD OF AMERICA, INC

EDUCATIONAL AWARD



TO RECEIVE A EDUCATIONAL SUPPLEMENT AWARD FROM THE OVERCOMING CHURCH OF GOD ALL INFORMATION REQUESTED IN THIS PACKAGE MUST BE FURNISHED INCLUDING A COPY OF YOUR PERMANENT RECORD FROM THE SCHOOL ATTENDED.

THIS INFORMATION WILL ENABLE THE COMMITTEE TO EVALUATE ALL APPLICATIONS AND MAKE DECISIONS ON WHO RECEIVES AWARDS. THE APPLICANTS THAT DO NOT RECEIVE AN AWARD WILL RECEIVE A CERTIFICATE.

INFORMATION WILL BE FURNISHED TO ALL APPLICANTS REGARDING GRANTS AND OTHER FINANCIAL ASSISTANCE BY THE COMMITTEE.

^{*}Please type or write your information legible:

OVERCOMING CHURCH OF GOD OF AMERICA, INC.

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NAME OF GRADUATE:
Guidelines: Please complete each section with a statement
1) THE CHURCH FEELING ABOUT THE PERSON:
2) APPLICANT'S CHURCH ATTENDANCE
3) IS THE APPLICANT AN ACTIVE MEMBER?
IS THE APPLICANT PROMPT (On time)
GIVE A CHARACTER REFERENCE FOR THE GRADUATE:

OVERCOMING CHURCH OF GOD OF AMERICA, INC.

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NAME OF STUDENT:
DATE OF BIRTH:
HOME ADDRESS:
TELEPHONE NUMBER:
SCHOOL ATTENDED:
I understand that if I receive the award it may be used only for expenses relating to my education. I further understand that if I do not continue to meet the eligibility standards or other conditions of the award; I will forfeit my rights of the unused balance. The information provided in this application is to the best of my knowledge true.
STUDENT'S SIGNATURE:
DATE:
I give my consent as a parent/guardian to my child to submit the application for the church educational award and the conditions of the grant.
PARENT/GUARDIAN SIGNATURE:

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NAME OF STUDENT:
STUDENT'S Homeroom:
LIST ALL AWARDS, HONORS, and SCHOOL ACTIVITIES
1
2
3
4
PLEASE GIVE A BRIEF STATEMENT ON THE STUDENT'S CHARACTER:
Scholastic Achievements:
Grade Average:
Class Standing (etc.)