

# Scholarship Information

FOR INDIANA BIBLE COLLEGE

**There are two \$500.00 scholarships and one \$1,000.00 scholarship available per year to Indiana youth attending a United Pentecostal Church (for at least six months) who are planning to attend Indiana Bible College.**

Scholarships may be awarded to returning students. The following criteria must be met:

- a. Must not have an outstanding bill
- b. All work must be completed
- c. Must have Pastor's recommendation in form of a letter to the Youth President
- d. Must have the College President's recommendation in form of a letter to the Youth President

## SCHOLARSHIP DETAILS

1. Application forms must be sent to the Youth President by June 1<sup>st</sup>
2. Monies will be paid in two payments of one half of the total scholarship at the start of each semester
3. Applicants must have proof of matching first semester funds before scholarship is paid
4. Applicants will be reviewed and chosen by the Indiana District Youth Committee
5. Scholarship to be awarded during camp season (date to be announced)

**FOR MORE INFORMATION OR FORMS, PLEASE CONTACT:**

**Rev. Chris Barber**  
902 Fletcher Ave.  
Indianapolis, IN 46203

# Scholarship Application

## Personal Information

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

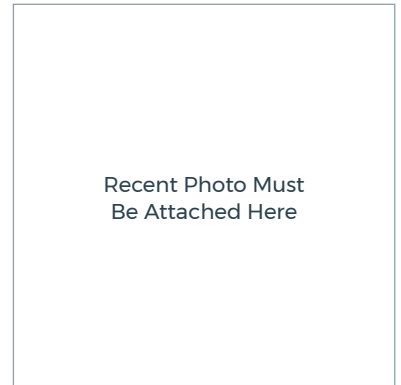
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed

Applicant's Health:  Above Average  Average  Below Average

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

\_\_\_\_\_



## Parents or Guardian Information

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

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

Guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_

Are your parents living? Father:  Yes  No Mother:  Yes  No

Marital Status of Parents:  Married  Divorced  Widowed

Do you live with:  Parents  Guardian  Living on own

## Your Plans

Enrollment Date for IBC: \_\_\_\_/\_\_\_\_/\_\_\_\_ Do you plan to attend IBC:  Part Time  Full Time

How do you plan to finance your schooling?  Work a job  Parent's support  Savings account

Other: \_\_\_\_\_

College degree you plan to achieve: \_\_\_\_\_

## Church Affiliation / Christian Service Information

Pastor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Church Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date and place you were baptized in Jesus' Name (Acts 2:38): \_\_\_\_\_

Date and place you received the Holy Ghost as in Acts 2:1-4: \_\_\_\_\_

How long have you attended this Church and known this pastor? \_\_\_\_\_

# Scholarship Application

## Church Affiliation / Christian Service Information, cont...

Describe church-related activities that you have been involved in: \_\_\_\_\_

\_\_\_\_\_

Does your Pastor approve of you going to Indiana Bible College? \_\_\_\_\_

Do you feel a call to any particular area of Christian service? Explain: \_\_\_\_\_

\_\_\_\_\_

What has been your participation in Sheaves for Christ fundraising / giving in your local church? \_\_\_\_\_

\_\_\_\_\_

## Educational Information

High School: \_\_\_\_\_

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

Year of Completion: \_\_\_\_\_ Rank in Class: \_\_\_\_\_ Number in Class: \_\_\_\_\_ GPA: \_\_\_\_\_

List any scholastic honors received: \_\_\_\_\_

\_\_\_\_\_

List any school activities you participated in: \_\_\_\_\_

\_\_\_\_\_

Have you attended college?  Yes  No If yes, where? \_\_\_\_\_

Number of credit hours accumulated: \_\_\_\_\_ College GPA: \_\_\_\_\_

## Essay Requirements

Please include a 250-word essay with your application that answers the following questions:

1. Why do you want to attend Indiana Bible College?
2. What do you plan to do with the education you receive?

# Pastoral Reference Form *(Confidential)*



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

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

*\*Applicant: We recommend that you provide to the Pastor this form and a stamped envelope addressed to the listed address*

Dear Pastor:

The person named above is applying for a Sheaves for Christ scholarship provided by the Indiana Youth Department. If awarded, this scholarship will be applied towards tuition of Indiana Bible College. Your prompt reply is deeply appreciated and will be held in strictest confidence. Action cannot be taken on this application until this form has been completed and returned. Upon completion, please mail this form to:

**Indiana Youth Department**

Attn: Chris Barber  
902 Fletcher Ave  
Indianapolis, IN 46203

1. How long have you known this applicant? \_\_\_\_\_ years \_\_\_\_\_ months

2. Check all activities that this person has been involved in with your church:

Choir  Music  Teacher  Children's Ministry  Prayer  Usher  Other: \_\_\_\_\_

3. Please check the terms that best describe the applicant:

- Loving       Warm-hearted       Respectful       Passionate       Enthusiastic       Positive
- Responsible       Ministry-minded       Dependable       Honest       Sensible       Cooperative
- Spiritual       Good Attitude       Sincere       Mature       Dedicated       Leader

4. What do you consider the applicant's strong points, abilities, or talents that could be enhanced through attendance at Indiana Bible College? \_\_\_\_\_

5. How do you recommend this applicant as a recipient for a Sheaves for Christ scholarship?

With Enthusiasm     With Confidence     Reservation     Other: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Transcript Request Form

## Attention Registrar:

The student who has given you this form is applying for a scholarship provided by the Indiana Youth Department, a division of the United Pentecostal Church of Indiana. Your prompt reply is deeply appreciated. Please send a transcript of the applicant's grades to:

**Indiana Youth Department**

Attn: Chris Barber  
902 Fletcher Ave  
Indianapolis, IN 46203

## The following student is requesting a transcript of their grades:

Student's Full Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Last year of attendance: \_\_\_\_\_

## If there is any charge for this service, please bill me at the following address:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Applicant:

*Please send this form to the last school you attended and to any other school that would be applicable.*