

SCHOLARSHIP MINISTRY GRADUATE INFORMATION SHEET

*INSTRUCTIONS ON PAGE 2

STUDENT INFORMATION

Student Name:

Date of birth (Optional)

Phone:

Current address:

City:

State:

ZIP Code:

Student E-mail:

Area of Study:

Degree/Certificate/Diploma to be received and date of receipt:

GPA: (Optional)

SCHOOL INFORMATION

School:

School address:

Current Grade:

City:

State:

ZIP Code:

PARENT INFORMATION

Parent's Names:

Address (if different)

Home Phone:

City:

State:

ZIP Code:

Parent's Email:

Parent's Email:

Cell Phone:

LIST CHURCH ACTIVITIES AND/OR ORGANIZATIONS OF PARTICIPATION

LIST ACADEMIC HONORS OR PRIZES THAT YOU HAVE RECEIVED

FUTURE SCHOOLS YOU WISH TO ENROLLMENT

PLEASE EXPLAIN HOW GOD HAS HELPED YOU ACCOMPLISH THE GREAT MILESTONES IN YOUR LIFE

PLEASE EXPLAIN HOW EDUCATION WILL HELP YOU ACHIEVE YOUR FUTURE GOALS OR ASPIRATIONS

*The purpose of this form is to collect information from you to help us create a presentation for the church of our graduates. We are sure your family is proud of your accomplishments and the church would like to share in this moment.

So please complete the form as completely as possible. Please return the form to the Scholarship Ministry Committee at stjohnsscholarshipministry@gmail.com or leave it at the church office for the Scholarship Ministry.