****

**Move the Mission Scholarship Application**

Minnesota District Youth Department

Rev. Andrew Reece

6944 Hudson Blvd., St Paul, MN 55128

andrreec1@gmail.com

**DIRECTIONS:** Application should be typed or printed legibly. The essay is to be typed and double-spaced. It is your responsibility to see that your completed application is sent to the Minnesota District Youth Department by **June 1st**. Return the application to the above address or send it by email.

**Personal Information**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Citizenship: United States Canada

Full Name:

 (First M. Last)

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (MM/DD/YYYY)

Correspondence Address:

City: State: Zip:

Permanent Address (If different from above):

City: State: Zip:

UPCI District (If different than *State*):

E-mail Address:

 (You will be contacted regarding application status via e-mail)

Telephone Number: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_ Secondary Telephone Number: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_

Marital Status: \_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Widowed \_\_\_\_ Divorced

Father’s Name Occupation

Mother’s Name Occupation

Guardian’s Name Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status of Parents or Guardian: \_\_\_ Single \_\_\_ Married \_\_\_ Widowed \_\_\_ Divorced

**Scholastic History**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Schools Attended** |   |   |   |   |   |   |
| **Name** | **City/State** | **Major** | **GPA** | **Dates Attended** | **Grad. Date** | **Degree** |
|    |    |    |    | \_\_/\_\_ to \_\_/\_\_  |    |    |
|     |     |     |     |  \_\_/\_\_ to \_\_/\_\_  |     |     |
|     |     |     |     |  \_\_/\_\_ to \_\_/\_\_  |     |     |
|    |    |    |    | \_\_/\_\_ to \_\_/\_\_  |    |    |

List any other scholastic information relevant to your application (i.e. honors, awards, clubs, etc.)

If you need more space, continue on a separate piece of paper.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_

 **Employment History**

Beginning with the most recent (list only three):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company Name** | **Address** | **Dates Employed** | **Full or Part Time?** | **Job title & brief description** |
|    |    | \_\_/\_\_ to \_\_/\_\_  |    |    |
|     |     |  \_\_/\_\_ to \_\_/\_\_  |     |     |
|     |     |  \_\_/\_\_ to \_\_/\_\_  |     |     |

**Academic Budget Projection**

*Please accurately estimate the financial resources available to you below.*

**Financial Resources:**

 Available Income for Academic Year:

 Bank or Private Educational Loans

 Personal Earnings

 Parental Support

 Scholarships Received:

 Name:

Total Financial Resources

Describe any unusual personal expenses or income situations that make it difficult for you and your family to contribute to the cost of your education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Christian Service**

Have you been baptized in Jesus Name? Date Place

Have you received the baptism of the Holy Ghost according to Acts 2:4?

 Date Place

Name of the United Pentecostal Church you currently attend:

Church address:

 Address City, St Zip

How long have you attended this church?

Pastor’s name: Phone number: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_

Address:

 Address City, St Zip

Are you now living a consistent Christian life to the best of your ability?

List and describe any church-related activities in which you have been or are now involved (youth ministry, Bible quizzing, Sunday school, choir, orchestra, evangelism, etc.)

Do you feel a call to any particular area of Christian service?

Explain:

**Additional Information**

Are there any other circumstances you would like us to consider in evaluating your application?

**Academic Interests**

Indicate below which UPCI-endorsed institutions you are interested in attending. If you are interested in more than one, please indicate up to three choices in order of preference. Should you win the scholarship, we will use this information to notify the institution of your award status and your interest.

\_\_\_\_\_\_Apostolic Bible Institute \_\_\_\_\_\_Christian Life College

 St. Paul, Minnesota Stockton, California

\_\_\_\_\_\_Indiana Bible College \_\_\_\_\_\_Northeast Christian College

 Indianapolis, Indiana Fredericton, New Brunswick, Canada

\_\_\_\_\_\_Texas Bible College \_\_\_\_\_\_Urshan College

 Lufkin, Texas St. Louis, Missouri

Concerning your pursuit of a college education, please complete the following statement:

This fall, I will be in the \_\_\_\_\_\_year of a \_\_\_\_\_\_year curriculum and expect to graduate

 (1st, 2nd, 3rd, or 4th) (1, 2, 3, or 4)

in (month) of 20\_\_\_\_\_\_with a \_\_\_\_\_\_\_\_\_ degree in (major).

 **(Associates / Bachelors / Masters)**

**Essay**

On separate paper, express in your own words why you would like to attend Bible College or Graduate School. Explain what contribution you believe Christian education can make to your life and how you plan to utilize the benefits in your future. The essay should be 350-500 words, typed, and double spaced.

**Category Selection**

Please indicate the scholarship category for which you are applying: (Select only one)

 Category 1: Bible/Christian College freshman

 Category 2: Bible/Christian College upperclassman

**Certification**

To the best of my ability, I believe that all of the information submitted with this application and all of the information submitted is true, current, and accurate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Applicant’s signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Pastor’s signature (required) Date

**IMPORTANT!**  It is the applicant’s responsibility to see that your completed application is received by the Minnesota District Youth Department by **June 1st.**

Return application to:

Attention: Andrew Reece

6944 Hudson Blvd.

St. Paul, MN 55128

or

andrreec1@gmail.com