

MICHIGAN REGION OF THE MISSIONARY CHURCH

BETHEL University - Student of the Year Scholarship Application

Michigan Region Missionary Church
 1091 Creekwood Trail
 Burton, MI 48509

Phone: (810) 742-7462 ~ Fax: (810) 742-8102
 Email: office@mcmichigan.org



Attach Photo Here:

APPLICANT INFORMATION

Last Name			First			M.I.	Date	___/___/___
Street Address						Apartment/Unit #		
City				State			ZIP	
Phone				E-mail Address				
Birth Date	___/___/___	Father's Name			Mother's Name			
Parent's address (if different than above)								
Names & Ages of Siblings	Name						Age	
	1.							
	2.							
	3.							

EDUCATION

High School			City					
Current High School Grade Point Average (G.P.A):			Graduation Date:					
Have you been accepted to Bethel University?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date Notified by Bethel:					
What is your intended major in college?								
Please list academic honors and/or awards received:								

SPIRITUAL/CHURCH LIFE

Church Name					Pastor's Name			
Church Address				City			State	Zip
Phone	()							
Have you accepted Jesus Christ as your personal Savior?								
Please write out your personal testimony. Include when you first accepted Christ into your life, how you know you are a Christian, and how the Lord is presently at work in your life. (Use the back of this form or attach a separate page.)								
What is your favorite Bible verse?				Why?				
Do you maintain a regular prayer/devotional time? Please describe:								
Are you a member or regular attendee of the above listed church?								
List areas of involvement and ministry in your local church and regional youth ministries:								

REFERENCES

Please list three references. #1 is your pastor. If your father is your pastor, please get another pastor who knows you well to fill out that reference. #2 is your youth pastor or youth sponsor. #3 is a teacher who knows you well and can give an objective opinion. Be sure to request their permission to use their names as references. **Supply them with the reference form and an envelope with the Region's address for their convenience.**

Pastor's Name			
Church		Phone	
Address			
Youth Pastor		Phone	
Address			
Teacher or other		Relationship	
Address			
Phone			

SIGNATURES

I have completed the above application for the Missionary Church Michigan Region Student of the Year Bethel University Scholarship Award and ascertain the information given to be true and accurate. I have been accepted as an incoming freshman student to Bethel University for the Fall Semester. If needed, I, along with one of my parents, am available for an interview by the selection committee. Should I be selected to receive this award, I agree to be present during the Youth Service on the second Friday night of Brown City Family Camp in August when public recognition of this award is given.

Student Signature _____ Date ____/____/____

We, the parents of _____, have reviewed our child's application for this scholarship, and ascertain the information given to be true and accurate. If needed, one or both of us are available for an interview by the selection committee.

Parent Signature _____ Date ____/____/____

DEADLINE – MAY 1
Please return completed forms and all references to:
Michigan Region of the Missionary Church
1091 Creekwood Trail
Burton, MI 48509

OFFICE USE ONLY	DATE RECEIVED
<input type="checkbox"/> Student's Application	____/____/____
<input type="checkbox"/> Pastor's Reference	____/____/____
<input type="checkbox"/> Youth Pastor's/Sponsor's Reference	____/____/____
<input type="checkbox"/> Teacher's Reference	____/____/____
<input type="checkbox"/> Copy of School Grades/Transcript	____/____/____
<input type="checkbox"/> Bethel University Acceptance	____/____/____