

DIVINE LIVING WORD
SCHOLARSHIP APPLICATION

_____ - _____ - _____

Social Security #

_____ - _____ - _____

Date of Application

(Print in ink or type all information)

1. Full Name: _____
First Middle Last

2. Home Address: _____
Number and Street

_____ _____ _____
City State/ Province Zip/ Postal Code

3. Date of Birth: ____/____/____ 4. Expected Date of Graduation: ____/____/____

5. Name and address of High School _____
or other school now attending: _____

6. Parent(s) Name: _____

Relationship: _____

7. Parent's Occupation: _____

8. How many live in the household you are currently residing? _____

PROFILE SHEET

Please provide the information requested in the spaces below or on a separate sheet of paper.

(Print in ink or type all information)

1. State briefly what course of study you wish to pursue in college and what your goals are (reasons for attending college and choosing this field).
2. State briefly what kind of person you think you are. What self-improvements would you like to make?
3. How do you evaluate your high school/ college academic record as compared to your ability?
4. List your current extracurricular activities and any offices held?
5. Which of the activities above contribute most to your development? Why?
6. How will your service to the community improve/ enhance Divine Living Word?
7. How will your service affect your school's life?

Reference Form
Scholarship Application
Divine Living Word Ministry, Inc.
28 E. Jackson Blvd, 10th FL/ #D607
Chicago, IL. 60604
Headquarters (312) 602-3733

_____ has requested an application review from our scholarship fund and has listed you as a reference. Please complete this form and return it to us. Your answers will be kept in confidence. You may wish to write on the other side or attach additional pages.

1. What is the applicant's career plans?

2. What is your knowledge of the applicant's service towards ministry, outreach involvement or any other community service?

3. Please give your estimate of the applicant's character, integrity, and reliability.

Name: _____ **Occupation:** _____

Relationship to Applicant: _____

Signature: _____

Note: Please mail the complete form directly to Divine Living Word Ministry at the above address. Thank You. This recommendation must be received two weeks before the beginning of the academic year for which applicant is applying.

QUALIFICATIONS

Recipients awarded the scholarship will contact Divine Living Word to seek leadership for direction, primarily towards, but not limited to DLW as its initiatives. Upon receiving the scholarship, the award will constitute quarterly goals towards community service involvement.

Quarterly Goals:

- Participate in three community service events quarterly
- Maintain a 2.5 gpa
- Submit grades to the Scholarship Committee quarterly
- Meet with a DLW Mentor at the end of each quarter for Evaluation