



Praise Assembly Church Ministries, Inc.

Youth Education Scholarship Program & Application *Four Year College*

The purpose of the scholarship program is to assist recipients with their higher education of training. Scholarship awards are not intended to cover the full cost of school for any applicant. There may be several scholarship awards in any one year depending on the number of applicants and the amount of money available, which will be determined by the Board of Trustees.

The total scholarship award for 2024 is \$1500 for one (1) selected student. The award will be divided equally and paid over the Fall & Spring semesters.

Guidelines

- This scholarship can only be awarded to a senior each year. The scholarship award program is designated as tuition only and will be paid directly to the recipient's school of choice upon verification of acceptance
- Scholarships will be awarded annually
- To be eligible for the Praise Assembly Youth Education Scholarship, applicants must meet all of the requirements (see page 2)
- The committee will evaluate each applicant based on the guidelines adopted
- **Incomplete applications will not be considered for evaluation.**
- Applications can be dropped off at the church during the week at the church office Tuesday-Thursday 10am-2pm
- Applications will also be accepted via email to the church's email address praise@pacmchurch.org. In the subject line please note attention PACM Scholarship Committee:
- The completed application, supporting materials and essay are due in to Praise Assembly Church Ministry by **May 2nd, 2025**. If application and materials are mailed, the package must be **postmarked** by **May 2nd, 2025**.

Mailing Address:

Praise Assembly Church Ministries, Inc.
Scholarship Committee
Attn.: Dr. Carolyn Scales
3254 Kernersville Road
Winston Salem, NC 27107

- The recipient(s) of the scholarship should be informed of acceptance or denial by **May 16, 2025**.
- A formal announcement of the recipient of the scholarship award will be announced during Sunday morning worship service on **July 27th, 2025**
- Once the recipient has been notified, a letter will be sent to the recipient's high school so that the information can be included in that school's list of scholarships received.



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- It's the responsibility of the recipient to inform Praise Assembly Church Ministries of which college he/she plans. At this time, the fund will be sent directly to the college and the students will be informed that this has been done

Requirements

- Must be between 14 yrs. – 19 yrs. old
- Must be an active member of Praise Assembly Church Ministries, Inc. for at least a minimum of 2 yrs.
- Must be a prospective high school graduate in the year of application
- Must use funds for undergraduate studies or school
- Must have a cumulative overall high school grade point average (G.P.A.) of 3.0 or above

Application Summary (all materials must be submitted at one time)

- All applications must be **typed** or **clearly printed** in blue or black ink.
- **Every blank** in the scholarship application **must be completed**. This includes a complete address and zip code. If a particular portion of the application does not apply to the applicant, **N/A** should be placed on the blank.

The following items must accompany the scholarship application:

- Official high school transcript
- Copy of college acceptance letter
- Two (2) letters of recommendation

Letters of recommendation may be received from high school teachers, volunteer supervisors/coordinators, employers, athletic coaches; no peer recommendations will be accepted

- **Personal Essay- at least 1000 words**

☐ **Choose from one of the following essay questions:**

- What inspired you to major in your field of interest and how will it impact your personal and professional life and others?
- How will your values as a PACM member influence your college experience and help you maintain a Christian journey while experiencing a college life?

☐ **Essay Requirements:**

- Must be Microsoft Word or Google document (.doc or .docx)
- Typed
- Double spaced
- 12pt font - Times New Roman, Arial, or Calibri
- Provide a clear, concise answer to your selected question
- Reflect your own words and personality

Questions? Contact the Church Administrator at 336-723-1020

APPLICANT INFORMATION



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Full Name:				Date of Birth (mm/dd/yyyy):	
<i>Last</i>	<i>First</i>		<i>M.I.</i>		
Address:					
<i>Street Address</i>				<i>Apartment/Unit #</i>	
<i>City</i>				<i>State</i>	<i>ZIP Code</i>
Phone:	()	Email Address:			

Applicant, are you a member of Praise Assembly Church Ministries, Inc.? YES or NO

EDUCATION

High School:					
<i>Name of High School</i>					
Address of High School:					
<i>Street Address or P.O. Box</i>					
<i>City</i>				<i>State</i>	<i>ZIP Code</i>
Phone:	()	Expected Date of Graduation (mm/dd/yyyy):			

SCHOOL/COMMUNITY INVOLVEMENT

**PLEASE NOTE: List extra-curricular activities that you have been personally involved in during grades 9-12.
(Use Separate Sheet If Necessary)**

Name of Activity	Years of Participation	Office(s) Held
1.		
2.		
3.		
4.		

AWARDS/SPECIAL HONORS/DISTINCTIONS (attach a sheet with additional awards if needed)

PLEASE NOTE: List up to five major awards, honors, or distinctions that you received during grades 9-12.

Award/Honor/Distinction	Description/Basis for Award	Year(s) Received
1.		
2.		



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3.		
4.		

AREA(S) OF CAREER INTEREST

Career Goal: (Use Separate Sheet If Necessary)	
Intended College Major:	

REFERENCES

PLEASE NOTE: Give the names of your references/recommendations.

Name	Title/Position	Phone
		()
		()

APPLICANT'S CERTIFICATION AND PERMISSION TO RELEASE INFORMATION

- I hereby certify that all information submitted on this application is true and accurate to the best of my knowledge.
- I understand that submitting nonfactual information will automatically disqualify me from consideration for all scholarships.
- By submitting this application, I authorize my high school to make information concerning my academic records available to the Praise Assembly Church Ministries, Inc. Scholarship Committee.

Applicant's Signature: _____ Date: _____

OPTIONAL

PLEASE NOTE: This section is optional and to be completed by your High School Counselor, Principal or Asst. Principal

Cumulative High School Grade Point Average: _____	Rank in Class: _____	Class Size: _____
PSAT SCORES (if applicable) Date Taken: _____ Writing: _____ Critical Reading: _____ Mathematics: _____	SAT SCORES (if applicable) Date Taken: _____ Writing: _____ Critical Reading: _____ Mathematics: _____	ACT SCORES (if applicable) Date Taken: _____ English: _____ Math: _____ Reading: _____ Science: _____ Writing: _____ Composite: _____
I hereby certify that the academic information provided in this section is correct to the best of my knowledge.		
Signature: _____		Date: _____



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Printed Name: _____	
Title: _____	
High School: _____	Phone: ()