



Superintendent Gasoway Benning Memorial Scholarship

Personal Information

Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apt/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Active Since (Yr): _____

Educational Data

High School: _____ Date of Graduation: _____

G.P.A.: _____ College/University/
 Trade School to Attend: _____

Major (if known): _____

Diploma or Degrees Granted and Dates: (include school name & City)

1. _____
2. _____
3. _____

Awards and Honors (if any)

(Include the name of the award and reason for being awarded or honored. Attach additional documentation if needed)

1. _____
2. _____
3. -
4. -
5. -
6. _____
7. -

(Page 2) Applicant Name: _____

Extra Curricular and Volunteer Activities (if any)

(Include the type of activity and time frame/year of participation. Attach additional documentation if needed)

1. _____

2. _____

3. _____

4. _____

Additional Requirements Goals and Objectives Essay

Goals and Objectives: On **one** separate sheet of 8 ½ X 11 sheet of paper, **type** your response to the following:

1. Explain how you can help improve your church community
2. State your career objectives
3. State your personal objectives
4. State your spiritual objectives
5. State your contributions (roles, titles, work) to your church

Attach a copy of your proof of enrollment for the upcoming semester.

A Complete Application Includes the following:

An electronic application is available at www.spiritofpraisecogic.org

- Application Form
- Essay
- Transcript
- Proof of Enrollment
- 3 Letters of Recommendations

You MUST submit the above information by the deadline to be considered. Incomplete applications WILL NOT be considered.

For further information regarding this scholarship, please contact the Scholarship Committee at admin@spiritofpraisecogic.org or visit our Website www.spiritofpraisecogic.org

Signature of Applicant: _____

Submit Applications to:

Electronically: admin@spiritofpraisecogic.org

By Mail: Spirit of Praise COGIC * 368 Salliotte Rd, Ecorse, MI 48229

Attn: Scholarship Committee

OFFICIAL USE ONLY:

Received Date: _____

Date Scholarship Approved: _____

Amount Awarded: \$ _____

Date Scholarship Disbursed: _____

Signature of Committee Team Member: _____

Signature of Committee Team Member: _____

Signature of Committee Chair: _____

Approval of Pastor: _____

Planned Payment Date: _____