



# **EAC Higher Education Scholarship**

**Missions Council of Edgewater Alliance Church**

310 N. Ridgewood Ave. Edgewater FL 32132

Email Contact: [jsavage@edgewateralliance.org](mailto:jsavage@edgewateralliance.org)

## **The Purpose of the EAC Higher Education Scholarship:**

1. EAC exists to make disciples who bring the Gospel to every man, woman, and child. Therefore, we are awarding 5 scholarships of \$500 each to students who take seriously the call to give Gospel access to people where they live, work, and play.
2. To award 5 annual scholarships to deserving students who meet the criteria below.
3. To encourage the spiritual and academic development of youth in our community.
4. To provide the recipients with support in following the service for the Gospel.

## **The Criteria for Selection of the EAC Higher Education Scholarship:**

1. The 5 recipients will be selected each spring from the collection of applications.
2. The applicants must demonstrate that living and sharing the Gospel is a life priority. They should be good students with a 3.0 GPA or higher. They should also be model citizens; exhibiting godly conduct and must receive favorable teacher recommendation.
3. The applications should include:
  - a. A copy of the applicants' grades.
  - b. An essay from the applicant explaining their commitment to the Gospel and plans after graduation from their program of Higher Education.
  - c. A teacher recommendation.

**The EAC Higher Education Scholarship is awarded once every year and for that current academic year only.**

**Please submit application directly to the EAC office or email to [jsavage@edgewateralliance.org](mailto:jsavage@edgewateralliance.org) by March 31, 2023**

**All of the relevant information will be kept confidential while being reviewed by the EAC Missions Council.**

# **Scholarship Application**

Student Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## **Household Information**

Mother: \_\_\_\_\_

Age: \_\_\_\_\_ Last Grade Completed in School: \_\_\_\_\_

Father: \_\_\_\_\_

Age: \_\_\_\_\_ Last Grade Completed in School: \_\_\_\_\_

Applicant lives with:

Mother \_\_\_\_ Stepmother \_\_\_\_ Grandmother \_\_\_\_ Guardian \_\_\_\_

Father \_\_\_\_ Stepfather \_\_\_\_ Grandfather \_\_\_\_ Ward of Court \_\_\_\_

Other \_\_\_\_

Number of brothers \_\_\_\_ Number of Sisters \_\_\_\_

Please list all persons living in the home other than student/applicant. Be sure to include their Name, Age & Relationship to applicant:

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## **Student Essay**

Using separate sheets of paper, please tell us why you would be a good candidate for the EAC Higher Education Scholarship.

1. What are your career goals, your aspirations, and hopes for the future?
2. Describe your relationship with God and your commitment to the Gospel.
3. List your activities, interests, strengths, hobbies, as well as any awards you have received (include activities at church, school, in the community or work experience).
4. Any special circumstances that might be relevant.

***Attach essay to the application.***

### **PARENT/GUARDIAN CURRENT EMPLOYMENT INFORMATION**

1. Parent/ Guardian Name \_\_\_\_\_  
Employer \_\_\_\_\_  
Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
Number of Years with Current Employer \_\_\_\_\_
2. Parent/ Guardian Name \_\_\_\_\_  
Employer \_\_\_\_\_  
Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
Number of Years with Current Employer \_\_\_\_\_

## TEACHER RECOMMENDATION

Student Name \_\_\_\_\_

Teacher's Name \_\_\_\_\_

School \_\_\_\_\_ Subject \_\_\_\_\_

5 = Exhibits this trait to an exceptional degree

4 = Exhibits this trait consistently

3 = Exhibits this trait frequently

2 = Exhibits this trait occasionally

1 = Exhibits this trait rarely

0 = Not observed

Attends class regularly \_\_\_\_\_

Is a self-starter \_\_\_\_\_

Takes responsibility \_\_\_\_\_

Displays good citizenship \_\_\_\_\_

Shows positive attitude \_\_\_\_\_

Works independently \_\_\_\_\_

Works well with groups \_\_\_\_\_

Is motivated \_\_\_\_\_

Demonstrates strong character \_\_\_\_\_

Comments:

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**Confidential- Please Complete and return directly to EAC Office by March 31, 2023**

## **EAC Higher Education Scholarship Agreement**

I, \_\_\_\_\_, parent or guardian of \_\_\_\_\_ give my permission for my child to participate in the EAC Higher Education Scholarship offered by the Edgewater Alliance Church and administered by the Missions Council. I have read and understand the requirements for receiving an EAC Higher Education Scholarship, and I understand the importance of ministry focus for my child. I agree to help my child to follow the guidelines that we have received.

Date \_\_\_\_\_

Signed \_\_\_\_\_ (Parent)

Signed \_\_\_\_\_ (Student)

**SIGNATURE PAGE**

This application has been voluntarily submitted on behalf of my child.

I understand that my child is one of many deserving students being considered. Submitting an application does not mean that my child will automatically be selected.

I understand that, while the application information is confidential, it will be shared with the Edgewater Alliance Church Missions Council and administrators of the church.

I understand that if selected, my child must adhere to the program requirements to receive the scholarship.

I understand that this scholarship is awarded for one academic year only.

Parent/Guardian Signature \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_