



EAST REGION INTERNATIONAL YOUTH DEPARTMENT CHURCH OF GOD IN CHRIST

Bishop Charles E. Blake, Presiding Bishop

Dr. Benjamin Stephens, International President

Evangelist Joyce Rodgers, International Chairlady

Bishop Marc Thomas Sr, IYD East Region President

Evangelist Renee Adams, IYD East Region Chairlady

HIGH SCHOOL GRADUATE APPLICATION **GENERAL INSTRUCTIONS**

Dear Applicant,

The following instructions are provided to assist you in the application process:

1. Complete your application with the following information and submit via **Certified Mail, Fed Ex, UPS or USPS Priority Mail** to the following address.

Jamar Johnson
IYD East Region Scholarship Committee
111 Foal Court
Lancaster, PA 17602

- One recent 3x5 or 4x6 color photo of student (no photocopies).
- One-page typed 100 Word Essay with cover sheet APA format. "Why do you deserve this scholarship?"
- Letter of acceptance from the College/University/Or Trade School of student's planned attendance.

- Three character references: one from High School Administrator/Counselor, one from your pastor, and one from your Youth President/Chairlady.
 - Completed Scholarship Application signed by student and parent/guardian.
 - Student's typed one page accomplishments, achievements, community involvement and school activities.
2. Please answer all questions (typed or printed in black ink) on the application.
 3. Completed application materials **must be posted marked by Monday March 2nd, 2020.**
Incomplete or late applications *will not* be accepted.

If you have any questions please contact Elder Jamar Johnson (717)307-0991, email thejohnsonproject01@gmail.com



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IYD East Region Scholarship Fund Organization ***High School Graduate Scholarship Application***

Full Name:

Address:

City/State/Zip code:

Email Address:

Birth Date:

Do you live with your parent(s)/guardians? (Yes or No):

If yes, please indicate parent/guardian's name(s):

If no, indicate name(s) and relationship(s) of person with whom you reside:

Home number of student/parent/guardian:

Name of High School :

High school cumulative G.P.A. for 1st semester of senior year:

High school counselor name and phone number:

Name and address of institution/trade school chosen to attend:

Intended Major:

Professional Goal:

In order for IYD to become better acquainted with you (student applicant), please submit a one page overview of your accomplishments and achievements, community involvement and school activities. Indicate all areas where you exercised leadership.

Signed (Applicant) **Date**

Signed (Parent/Guardian) **Date**

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