

2009
Total Youth Abstinence Scholarship



Awarded by the National Christian Youth Connection Academic Scholarship Committee
of the
Sounds of Praise Pentecostal Fellowship Ministries, Inc.

The Scholarship:

A \$1000 scholarship will be presented through the National Christian Youth Connection Academic Scholarship

Who Can Participate?

Any high school senior is an active member of the Sounds of Praise Pentecostal Fellowship Ministries, Inc. The applicant must be planning to attend a four year accredited institution of higher education for the 2009–2010 school year.

How to Enter?

Complete the Application form along with a story, essay, poem, etc. of 1200 or words or less on the theme:

“IT’S OKAY TO ABSTAIN FROM SEX!”

The creative piece with the entry form below must be **postmarked by July 18, 2009**. Any applications received postmarked after this date will not be considered. Keep a copy of your writing as the Church will keep all submitted pieces for use in educational materials. Those who are awarded scholarships will be sent notification by July 31, 2009. (Please do not call before this date). Entries will be judged on basis of excellence of content, originality of thought, clarity of expression, punctuation and grammar, as well as the authors’ commitment toward abstinence.

This contest encourages and supports youth who have chosen wellness without sex, alcohol, and drugs and helps place advocates of total abstinence in institutions of higher education.

2009 Total Youth Abstinence Scholarship
Mail prior to: 2009 Youth Total Abstinence Scholarship
Attention: Tamika Bowman Williams
345 Orangeburg Road
Summerville, SC 29483
Deadline: July 18, 2009

SUMMARY

Objective

The Total Youth Abstinence Scholarship recognizes sexual, drug, and alcohol free students and contributes toward their continuing education. The SOPPFM and Youth Total Abstinence Scholarship recognize that specific opportunities for abstinent youth are limited and the need for positive role models is acute. This scholarship program is designed to celebrate the achievement of individuals who are worthy of our support.

Scholarship Description

Award amounts will be determined by funds available at the time they are granted. The student must have a 2.0 out of a 4.0 GPA. The scholarship recipient must provide a copy of their final high school transcript/report card.

Qualifications for Scholarship Award

The award of this scholarship will be based on a combination of achievement in the areas of academic excellence, leadership, extra-curricular activities, and financial need. Eligible applicants must be attending/upon completion of High School at the time of application and must be between the ages of 17 -19. Applicants will be required to complete the attached application and submit an original essay. The essay topic: **“It’s okay to abstain from Sex!”**

Selection Process

A panel of community members will judge each applicant’s overall achievement and skill in presenting goals in easy form, as well as financial need, make preliminary selections for finalists. Finalists will be interviewed in the final selection.

Schedule for Scholarship Application

Applications must be submitted no later than July 18, 2009, and must include the most recent high school transcript/report card. Students applying should be sure that all completed forms, including references are sent to the below address by that date. Incomplete applications will not be considered.

Mail Applications to:

2009 Total Youth Abstinence Scholarship
Attention: Tamika Bowman-Williams
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Awards Ceremony

Winners will be notified in late July 2009 and will be requested to attend an award ceremony, usually held at the CYC Conference. Winners will be informed of the award ceremony date when it is finalized.

2009 Total Youth Abstinence Scholarship Application Form

Name _____

Street Address _____

City/State/Zip _____

Email Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Date of Birth _____

Gender _____

High School _____

Expected High School/Graduation Date _____

GPA _____ Approximate Class Academic Rank _____

You must send a *current* transcript/report card

Honors Awarded _____

Extracurricular Activities _____

Hobbies _____

Volunteer Activities _____

To which college/university do you plan to apply? _____

What is/will be your major field of study in college? _____

Sounds of Praise Membership Information

Are you a member of the Sounds of Praise? _____ Yes _____ No

Church Name _____ Pastor _____

The following should be submitted along with your application:

- Original Essay
- Letter of Recommendation: Church Leader
- Letter of Recommendation: Academic/Community
- High School Transcript/Report Card

Student Name _____

Please limit your essay to approximately two typewritten pages. *Please put your name in the upper right hand corner of each sheet.*

College Information

In order that scholarship funds may be distributed to your educational institution, please provide the following:

University/College Name _____

Financial Aid/Scholarship Officer Name _____

University Street/Box Address _____

University City/State/Zip _____

You must provide a current transcript/report card at the end of the academic year.

No Transcript = No Money

Scholarship Recipient Agreement

A. Providing Records

If I am granted the 2009 Total Youth Abstinence Scholarship I agree to provide the following information to the Sounds of Praise Pentecostal Fellowship Ministries while I am enrolled in a university and receiving funding.

- Should I withdraw from the university after registration, I will promptly inform the SOPPFM so that application for a refund of scholarship funds can be submitted.
- I will keep SOPPFM current on all address, telephone numbers and email changes throughout the academic year.

I understand that failure to provide the requested information can lead to withdrawal of ongoing scholarship funds.

Print Name

Signature

Date

B. Volunteer Assistance

If I am granted a 2009 Total Youth Abstinence Scholarship I understand that I may be asked to volunteer from time to time at a fundraising event for the SOPPFM CYC or CYCSF event. I agree that, in order to give back to the community that is providing my financial assistance, I will serve as a volunteer on not less than three occasions during the term of my scholarship. I understand that failure to volunteer may disqualify me for continuing my scholarship support.

2009 Total Youth Scholarship Application

Signature

Date

Student Name _____

Personal Reference Form: Please select people who are not close friends or relatives, but who know you well and can tell us about your capabilities and achievements. They should send the completed forms directly to the address on the form, to arrive no later than **July 22, 2009**. Please enter the names, addresses and telephone number of your references in the spaces below.

Reference 1

Name _____

Address (Street/City/State/Zip) _____

Telephone Number _____

Relationship to Applicant (e.g. Teacher, Counselor, Supervisor) _____

Reference 2

Name _____

Address (Street/City/State/Zip) _____

Telephone Number _____

Relationship to Applicant (e.g. Teacher, Counselor, Supervisor) _____

Checklist for a complete application to be received by July 18, 2009:

- _____ This 4-page application
- _____ Original essay
- _____ Current transcript/report card
- _____ Two letters of reference (mailed directly to us by your reference)

**You should keep a copy of this entire application for your file.
Please return this signed application**

2009 Total Youth Abstinence Scholarship
Attention: Tamika Bowman-Williams
345 Orangeburg Road
Summerville, SC 29483

Student Name _____

Scholarship Reference Form

Please complete the following to assist us in evaluating this student's application for this scholarship, which could be as high as \$1,000 per year, renewable for four years. The amount will depend on funding available when the scholarships are granted. We understand this takes time to think about and complete; we do appreciate your extra effort. Completion at your earliest convenience would be appreciated. Please mail the completed form to arrive by July 22, 2009 to:

2009 Total Youth Abstinence Scholarship

Attention: Tamika Bowman-Williams

345 Orangeburg Road

Summerville, SC 29483

Thank you for your support of this student. If you have any questions please feel free to call (646) 373.9883 to relay your inquiries to appropriate Scholarship members.

Student's Name _____

Your Name _____

Address (Street/City/State/Zip) _____

Email Address _____

Contact Phone _____

Please feel free to approach your answer to these questions in a conversational way—as though you were visiting with us about him/her. This is your chance to help us know this student as you do.

- How long have you known this student, what is your relationship with this student and in what capacity have you known him/her? (e.g. classroom, school, job, church, family friend)

- What do you know about this student that identifies him/her as a person able to set goals and pursue them to completion?

