



2020 SCHOLARSHIP Application

NAME: _____

ADDRESS: _____

E-MAIL: _____

TELEPHONE NUMBER: _____

PARENT'S NAME: _____

School from which you will graduate this year: _____

CHURCH MEMBERSHIP: _____

PASTOR: _____

YOUTH LEADER: _____

To qualify, you must be active in the Youth Program of your church.

- 1. A letter of recommendation from the Pastor or Youth Director is required.**
- 2. Applicant is to write a letter addressing your vocational aspirations including the school you wish to attend.**
- 3. A transcript of your grades from the High School should accompany your letter or be sent by the Guidance Counselor or other school personnel.**
- 4. This information must be returned to the Associational Office (27212 Hedge Road, Albemarle NC 28001) by Friday, April 24, 2020.**