

APOSTOLIC BIBLE INSTITUTE

S. G. NORRIS MEMORIAL SCHOLARSHIP APPLICATION

(Please type or print all information)

Name: _____
Last First Middle

Local Address: _____

Phone: (____) _____

Social Security Number: _____

Gender: Male Female

EDUCATION

	<u>Name</u>	<u>Dates</u>	<u>Overall GPA</u>	<u>Diploma Or Degree (Give date)</u>
High School Attended				
Colleges & Universities Attended				

Expected month and year of graduation: _____

Current GPA : _____

Scholastic honors or achievements: _____

S. G. NORRIS MEMORIAL SCHOLARSHIP APPLICATION

REFERENCES REQUIRED

YOUTH DIRECTOR'S REFERENCE

Please have your youth director write a letter of recommendation and send it directly to the school. In this letter we would expect to see comments pertaining to the spirit and attitude of the student. We would also like the following question answered. Does this person have a sincere desire to develop a ministry? List examples in which he/she is currently developing his/her ministry.

PASTORAL REFERENCE

Please have your pastor write a letter of recommendation and send it directly to the school. In this letter we would expect to see comments pertaining to the spirit and attitude of the student. We would also like the following question answered. Does this person have a sincere desire to develop a ministry? List examples in which he/she is currently developing his/her ministry.

In 2-3 paragraphs, explain why you have a desire to be used in ministry.

Along with this application, please include an audio tape on which you preach or teach a message that you have prepared. The message should be limited to 20 minutes.

ABI must receive this information by July 15th.

Note: This scholarship supersedes other scholarships and discounts.

I hereby declare that any statement in this application or information provided is true and complete.

Date: _____ Signature: _____

WENDELL C. GLEASON MEMORIAL
MUSIC SCHOLARSHIP APPLICATION

REFERENCES REQUIRED

MUSIC TEACHER REFERENCES

Please have each of your instructors write a letter of recommendation to the school. Include a name, address, and phone number for each one of your instructors along with their educational background and experience.

PASTORAL REFERENCE

Please have your pastor write a letter of recommendation to the school. In this letter we would expect to see comments pertaining to the spirit and attitude of the student. We would also like the following question answered. Does this person have a sincere desire to develop a music ministry and does he/she have the skill and enthusiasm to transfer what he/she knows to others?

Please answer the following questions honestly.

How much education do you have in music?

Have you had any training in music theory?

If the answer is yes, please summarize your previous training.

What type of music do you play or sing?

What do you like about this type of music?

APOSTOLIC BIBLE INSTITUTE

BIBLE QUIZZING SCHOLARSHIP APPLICATION

(Please type or print all information)

Name: _____
Last First Middle

Local Address: _____

Phone: (____) _____

Social Security Number: _____

Gender: Male / Female (circle one)

BIBLE QUIZZING HISTORY

Year Participated: _____

Material Studied: _____

Attended District Finals: Yes No

Attended NABQT: Yes No

Won NABQT: Yes No

REFERENCE REQUIRED

BIBLE QUIZ COACH REFERENCE

Please have your Bible quiz coach (or youth leader or pastor, if Bible quiz coach is no longer available) write a letter of recommendation and send it directly to the school. In this letter we would expect to see comments pertaining to the spirit and attitude of the quizzer. We would also like the following question answered. Does this person have a sincere desire to develop a ministry? List examples in which he/she is currently developing his/her ministry.

APOSTOLIC BIBLE INSTITUTE

CLIFFORD GUSTAFSON MEMORIAL CHILD EVANGELISM SCHOLARSHIP APPLICATION

(Please type or print all information)

Name: _____
Last First Middle

Local Address: _____

Phone: (____) _____

Social Security Number: _____

Gender: Male / Female (circle one)

EDUCATION

	<u>Name</u>	<u>Dates</u>	<u>Overall GPA</u>	<u>Diploma Or Degree (Give date)</u>
High School Attended				
Colleges & Universities Attended				

Expected month and year of graduation: _____

Current GPA : _____

Scholastic honors or achievements: _____

CLIFFORD GUSTAFSON MEMORIAL
CHILD EVANGELISM SCHOLARSHIP APPLICATION

REFERENCES REQUIRED

YOUTH DIRECTOR'S REFERENCE

Please have your youth director write a letter of recommendation and send it directly to the school. In this letter we would expect to see comments pertaining to the spirit and attitude of the student. We would also like the following question answered. Does this person have a sincere desire to develop a ministry? List examples in which he/she is currently developing his/her ministry.

PASTORAL REFERENCE

Please have your pastor write a letter of recommendation and send it directly to the school. In this letter we would expect to see comments pertaining to the spirit and attitude of the student. We would also like the following question answered. Does this person have a sincere desire to develop a ministry? List examples in which he/she is currently developing his/her ministry.

In 2-3 paragraphs, explain why you have a desire to be used in ministry.

ABI must receive this information by July 15th.

Note: This scholarship supersedes other scholarships and discounts.

I hereby declare that any statement in this application or information provided is true and complete.

Date: _____ Signature: _____

APOSTOLIC BIBLE INSTITUTE

MARY TESTA MEMORIAL PIANO LESSONS SCHOLARSHIP APPLICATION
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(Please type or print all information)

Name: _____
Last First Middle

Local Address: _____

Phone: (____) _____

Social Security Number: _____

Gender: Male / Female (circle one)

EDUCATION

	<u>Name</u>	<u>Dates</u>	<u>Overall GPA</u>	<u>Diploma Or Degree (Give date)</u>
High School Attended				
Colleges & Universities Attended				

Expected month and year of graduation: _____

Current GPA : _____

Scholastic honors or achievements: _____

MARY TESTA MEMORIAL
PIANO LESSONS SCHOLARSHIP APPLICATION

REFERENCE REQUIRED

PIANO LESSONS INSTRUCTOR'S REFERENCE

Please have your ABI piano lessons instructor write a letter of recommendation and give it directly to the school. In this letter we would expect to see comments pertaining to the spirit and attitude of the student. We would also like the following question answered. Does this person have a sincere desire to develop a ministry? List examples in which he/she is currently developing his/her ministry.

In 2-3 paragraphs, explain why you have a desire to be used in ministry.

ABI must receive this information by October 15th.

Note: This scholarship is for only the Spring Semester following the Fall Semester in which the application was submitted.

I hereby declare that any statement in this application or information provided is true and complete.

Date: _____ Signature: _____