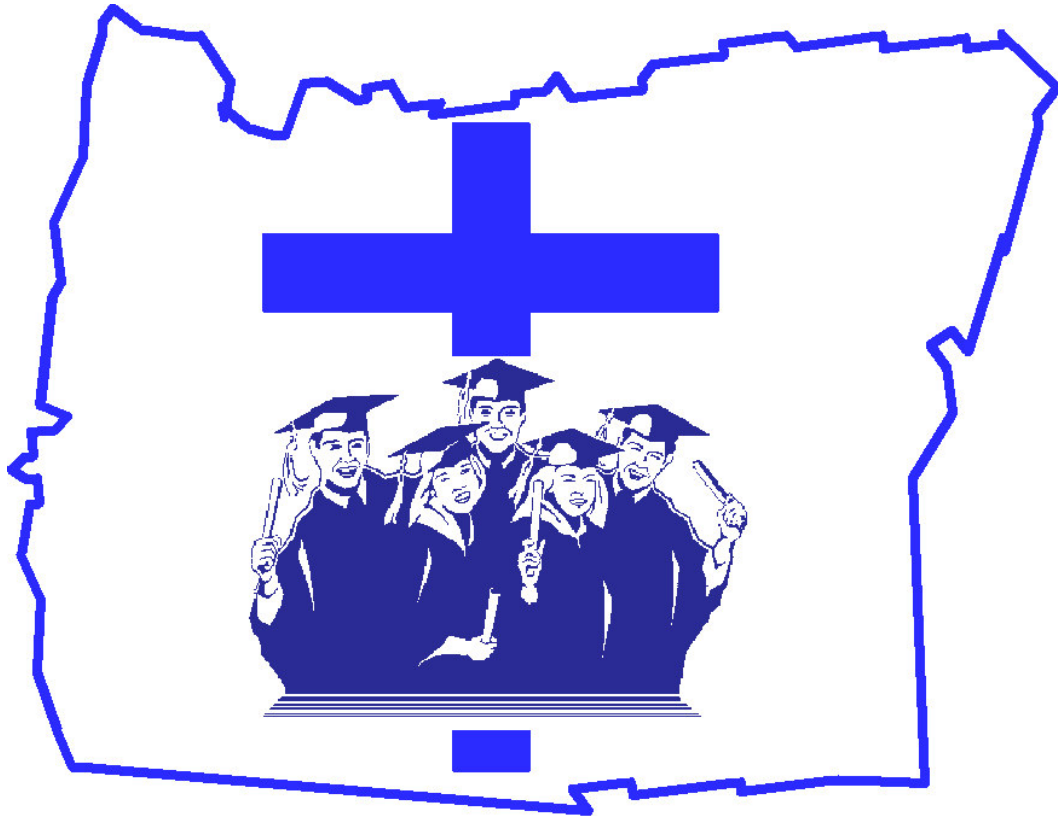


Scholarship Application Packet



"Scholarships for Students Preparing for Christian Ministry"

Alexander Christian Foundation

PMB 112

4742 Liberty Road S.

Salem, Oregon 97302

(503)364-7573 • alexanderfoundation@yahoo.com

www.acfo-online.org

The Alexander Christian Foundation of Oregon is a non-profit charitable organization established in 1992 for the purpose of granting scholarships and other financial assistance for the Christian education of students who are members of the Independent Christian Church/Church of Christ in Oregon. Foundation support comes from individual Christians and churches. It is our prayer that of the students aided by the Foundation will soon be serving in ministries or mission field throughout the world.

STIPULATIONS FOR RECEIVING AN ALEXANDER CHRISTIAN FOUNDATION SCHOLARSHIP

1. The recipient of a scholarship from the Alexander Christian Foundation must be a member of the Christian Church or Church of Christ (Independent) in the State of Oregon.
2. The recipient will be one (man or woman) who desires to serve in some church-related vocation.
3. The recipient must be a candidate for a church related vocation or one who is currently pursuing such a course.
4. The recipient must attend a school affiliated with the Christian Churches/Churches of Christ (as listed in the yearbook of Christian Churches and Churches of Christ, *Directory of the Ministry*).

PROCEDURE FOR APPLYING FOR AN ALEXANDER CHRISTIAN FOUNDATION SCHOLARSHIP

1. Recipients of scholarship aid from the Alexander Christian Foundation will be selected by the Board of Directors of that Foundation.
2. The applicant for scholarship aid will use the following application procedure:
 - a) The application will be completed by the candidate and submitted to the Directors of the Alexander Christian Foundation on or before April 1st.
 - b) The application will be accompanied by:
 - (1) a 500 to 1,000 word essay on the subject, "Why I Desire to Serve Christ in a Church Related Vocation."
 - (2) a copy of transcript of high school grades and college grades if in college.
 - (3) a photograph of the applicant.
 - c) Have an evaluation of the applicant's character and motivation/direction from the home church minister mailed directly to the Foundation office.
 - d) Have an evaluation of the applicant's character and motivation/direction from an elder of the church mailed directly to the Foundation office.
3. The applicant will be advised of the decision of the Board of Directors of the Foundation concerning his or her application by June 15th. It will be the intention of the Foundation also to notify the scholarship recipient's home school and church of his/her Alexander Christian Foundation award.
4. The student considered for final selection for the basic grant may be required to attend an interview session prior to final selection.
5. Mail your application to **ACF, PMB 112, 4742 Liberty Road S., Salem, OR 97302-5000**.

ATTACH
PHOTO
HERE

Section A: Introductory Information	
Date: _____	
Name: (last, first, middle) _____	
Address: _____	
City, State, Zip: _____	
Home Phone: _____	
Home Church: _____	
Address: _____	
City, State, Zip: _____	
Church Phone: _____	

Section B: Personal Information			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: _____	Place of Birth: _____	
<input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Name of Spouse: _____		
Number of children and ages: _____	Is anyone dependent upon you for financial support? <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____		

Section C: Family Background (complete if under 24 years of age and unmarried)		
Name of Father: _____	Name of Mother: _____	
Occupation: _____	Occupation: _____	
Home Address: _____	Home Address: _____	
City, State, Zip: _____	City, State, Zip: _____	
No. of brothers and/or sisters at Home: _____	If any, how many other college students are supported by your parents? _____	Name of Legal Guardian, if other than parent: _____
Address of Legal Guardian: _____		

Section D: High School Educational Experience	
Name of High School: _____	Date Graduated: _____
Address: _____	Grade Point Average: _____
List High School honors received (describe basis of award): 	List any High School organizations, athletic teams, etc., of which you were a member:

Section E: College Educational Experience

Have you attended any colleges? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list chronologically below:	Grade Point Average:
College:	Address:		Years attended:
College:	Address:		Years attended:
Do you have any degrees from any colleges? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list college, degree, and year earned:		List any college honors, awards, prizes, etc., you have received and honor societies to which you have been elected:	

Section F: Financial Information

Estimate cost of education for one year: Tuition \$ _____ Room/Board \$ _____ Food \$ _____ Other \$ _____ (Specify) _____		Do you have access to any other scholarships or financial assistance? If yes, specify source and amount: <input type="checkbox"/> Yes <input type="checkbox"/> No
Will your home church provide any funds for your education? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what probable amounts will be given? 1st yr \$ _____ 2nd yr \$ _____ 3rd yr \$ _____ 4th yr \$ _____		How will your plans be affected if you do not receive an ACF scholarship?
Will you be involved in a work-study program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
To what level can you participate toward your own educational expense?		

Section G: Career Choice

What area of ministry will you be preparing for? <input type="checkbox"/> Preaching <input type="checkbox"/> Youth <input type="checkbox"/> Missions <input type="checkbox"/> Christian Education <input type="checkbox"/> Counseling <input type="checkbox"/> Music <input type="checkbox"/> Other _____	
What is the college or seminary in which you prefer to enroll for your education? 1st preference: 2nd preference:	If a scholarship is not available at a college or seminary of your preference, would you consider attending another? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of college or seminary:
In what capacities have you served in your home church?	Have you served any churches as a minister or in any other salaried capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list church and capacity below:

I understand that my photo and essay may be used for publicity purposes and hereby grant my release and permission to use my essay and/or photo as considered appropriate by the Alexander Christian Foundation, and any and all scholarships are awarded at the sole discretion of the Board of Directors of the Alexander Christian Foundation.

(Signature)

Alexander Christian Foundation Minister's Evaluation

<p>TO THE APPLICANT: Print your name and address below. This evaluation will be used in determining scholarship awards. You should provide a stamped envelope addressed to the ACF for the person completing this form. Please give your minister an enclosed ACF brochure so he may be informed about this ministry.</p> <p>Name: _____ Date: _____</p> <p>Address: _____ _____</p> <p>Signature: _____</p> <p><i>(By signing above you waive your right of access to see this evaluation.)</i></p>	<p>TO THE MINISTER: The named applicant is applying for a scholarship through the Alexander Christian Foundation of Oregon and is asking you to furnish an evaluation of his/her character and direction. Please complete this form and mail it prior to the April 1st deadline.</p> <p>Name: _____ Date: _____</p> <p>Church: _____</p> <p>Address: _____ _____</p> <p>Signature: _____</p>
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1. How long have you known the applicant?

2. How well do you know the applicant?

Very Well Well Casually

3. What is your opinion regarding the aptitude of the applicant for further academic work?

Highly Enthusiastic Strong Moderate
 Hesitant Negative No Knowledge

4. Does the church provide any financial support to students? Yes No
If yes, please outline the church's policy for granting financial help to students.

CATEGORY: CHARACTER (Check appropriate box)

	Excellent	Good	Average	Poor	Unacceptable
Christ-like morals					
Leadership among peers					
Ability to get along with others					
Follows instructions of leaders					
Respects church leadership					
Ability to make decisions					
Perseverance at tasks					
Has earned respect of others					

PERSONAL COMMENTS: _____

FOR COMMITTEE USE ONLY

Total points divided by categories _____

CATEGORY: DIRECTION/MOTIVATION (Check appropriate box)

	Excellent	Good	Average	Poor	Unacceptable
Goal-oriented; does not jump from one thing to another					
Probability of completing college through graduation					
Consistent desire to train for the ministry					
Commitment to Christian vocation					
Past involvement in Christian ministry					
Attendance at church functions					
Response to ministry role models					
Aptitude for specialized Christian service					

PERSONAL COMMENTS: _____

FOR COMMITTEE USE ONLY

Total points divided by categories _____

Alexander Christian Foundation Elder's Evaluation

<p>TO THE APPLICANT: Print your name and address below. This evaluation will be used in determining scholarship awards. You should provide a stamped envelope addressed to the ACF for the person completing this form. Please give your elder an enclosed ACF brochure so he may be informed about this ministry.</p> <p>Name: _____ Date: _____</p> <p>Address: _____ _____</p> <p>Signature: _____</p> <p><i>(By signing above you waive your right of access to see this evaluation.)</i></p>	<p>TO THE ELDER: The named applicant is applying for a scholarship through the Alexander Christian Foundation of Oregon and is asking you to furnish an evaluation of his/her character and direction. Please complete this form and mail it prior to the April 1st deadline.</p> <p>Name: _____ Date: _____</p> <p>Church: _____</p> <p>Address: _____ _____</p> <p>Signature: _____</p>
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1. How long have you known the applicant?

2. How well do you know the applicant?

Very Well Well Casually

3. What is your opinion regarding the aptitude of the applicant for further academic work?

Highly Enthusiastic Strong Moderate
 Hesitant Negative No Knowledge

4. Does the church provide any financial support to students? Yes No
If yes, please state what, if any, financial help will be given to the applicant.

CATEGORY: CHARACTER (Check appropriate box)

	Excellent	Good	Average	Poor	Unacceptable
Christ-like morals					
Leadership among peers					
Ability to get along with others					
Follows instructions of leaders					
Respects church leadership					
Ability to make decisions					
Perseverance at tasks					
Has earned respect of others					

PERSONAL COMMENTS: _____

FOR COMMITTEE USE ONLY

 Total points divided by categories _____

CATEGORY: DIRECTION/MOTIVATION (Check appropriate box)

	Excellent	Good	Average	Poor	Unacceptable
Goal-oriented; does not jump from one thing to another					
Probability of completing college through graduation					
Consistent desire to train for the ministry					
Commitment to Christian vocation					
Past involvement in Christian ministry					
Attendance at church functions					
Response to ministry role models					
Aptitude for specialized Christian service					

PERSONAL COMMENTS: _____

FOR COMMITTEE USE ONLY

 Total points divided by categories _____

Alexander Christian Foundation

Request for Academic Transcript

(Please Print)

School: _____

Address: _____

City/State/Zip: _____

Student's Name: _____

Address: _____

City/State/Zip: _____

Mail transcript to: ACF Scholarship Committee
PMB 112
4742 Liberty Road S
Salem, Oregon 97302-5000

Today's Date ____/____/____

Years Attended: _____

Year Graduated: _____

Former Name or Names:

Birth date: ____/____/____

S.S. #: ____-____-____

Student Signature: _____

Alexander Christian Foundation

Request for Academic Transcript

(Please Print)

School: _____

Address: _____

City/State/Zip: _____

Student's Name: _____

Address: _____

City/State/Zip: _____

Mail transcript to: ACF Scholarship Committee
PMB 112
4742 Liberty Road S
Salem, Oregon 97302-5000

Today's Date ____/____/____

Years Attended: _____

Year Graduated: _____

Former Name or Names:

Birth date: ____/____/____

S.S. #: ____-____-____

Student Signature: _____

EXPLANATION OF SCHOLARSHIP AMOUNTS

1. The Basic Grant - \$500

The Basic Grant scholarship is awarded for one year, but not to exceed four years for undergraduate studies at a Christian college. This Basic Grant is to be applied toward tuition, room and board, fees, or other costs payable to the institution. Once a student is awarded a Basic Grant, he/she need not re-apply. The ACF does require a statement from the student indicating their intent to enroll in school each year along with a transcript of grades.

2. Other Grants

The ACF is in the process of raising funds to enable the Foundation to award more grants, varying in amounts and duration.

STIPULATIONS FOR TERMINATING AN ALEXANDER CHRISTIAN FOUNDATION SCHOLARSHIP

1. The stipulations for receiving an Alexander Christian Foundation scholarship are binding throughout the recipient's education for his/her church-related vocation. The Directors of the Foundation reserve the right to terminate the scholarship if a majority of them feel that the recipient is not respecting and fulfilling these stipulations.
2. The Directors of the Foundation reserve the right to terminate a scholarship for what a majority of them believe to be academic incompetence, immorality or unbecoming conduct on the part of the recipient of an Alexander Christian Foundation scholarship.