



Scholarship Application

General Information

Name _____ Today's Date _____

Address _____

Email _____ Phone _____

Current Employer _____

Work Phone _____ Supervisor's name/phone _____

Current total income per month for entire household: _____

Amount you are committing to pay toward mentoring per week: _____

Current Work Status: (circle one)

Part Time Full Time Student

Marital Status: (circle one)

Single Married Divorced

Education:

High School _____ Year Graduated _____

College _____ Year Graduated _____

Degree _____ Minor _____

Other Education _____

Personal History

If you are a Christ follower, please write a brief testimony about how you became a Christian (including dates if possible):

How would you describe your spiritual journey now?

Why are you seeking Life Mentoring?

What accountability do you currently have in your spiritual journey?

Are there any special issues or concerns happening in your life that would hinder your commitment to consistently attending Life Mentoring sessions? (e.g., relationships, other commitments, etc.)

Church History

How long have you attended House of Joy (if not HOJ, list the church you attend and how long)?

Are you attending one of the House of Joy University Tracks or other Bible study? Explain.

Are you serving at House of Joy?

Yes No

Are you tithing regularly?

Yes No

Please list three references for us to contact (Please give only one relative or close friend).

Name_____ Phone #_____

Relationship_____ Email _____

How long have they known you?_____

Name_____ Phone #_____

Relationship_____ Email _____

How long have they known you?_____

Name_____ Phone #_____

Relationship_____ Email _____

How long have they known you?_____

The information contained in this application is correct to the best of my knowledge. I, the undersigned, give my authorization to Life Ministries or its representatives to obtain any and all records or information relating to working with others professionally, in ministry, and personally. Life Ministries may contact the appropriate individuals or organizations as deemed necessary in order to verify my suitability as a scholarship recipient. I understand that the personal information in this application will be held confidential by the Life Ministries Coordinator and staff.

Signature_____ Date_____