New Life in Christ Church



507 W. Marion Avenue, Punta Gorda, FL 33950 941-639-3842 https://newlifeforall.church/ Offering new life in Jesus Christ by seeking, shaping, and sending disciples.

2024 SCHOLARSHIP REAPPLICATION

- 1. Important! You will need to download Adobe Acrobat Reader (free version) by clicking on the link "Download Acrobat Reader" posted on the same church youth group webpage.
- After downloading Acrobat Reader, click on the 2024 reapplication to open this
 document so you will be able to type on it. Please submit the entire scholarship
 application and composition in typed format. To type on this application document,
 choose "All Tools" > "Fill and Sign" > Choose Text icon to enter your information
 directly into the PDF document. Remember to "Save" the document to your desktop
 when completed.
- 3. <u>In addition to the attached application</u>, please <u>type a composition</u> including the following:
 - a. How the scholarship(s) you received from New Life Church have helped you pursue higher education.
 - b. How another scholarship will help you achieve moving forward.
- 4. Please include a copy of school transcript showing your current GPA average.
- 5. Please digitally submit the typed application, the typed composition, and the GPA documentation to the email address below no later than:

 Deadline: Sunday, June 9, 2024, to the following: floridafowlers@gmail.com

 If problems with submission of this application occur, please contact Bonnie Fowler at the email address given above for assistance.

The Criteria for Scholarship Applicants is as follows:

- 1. Applicants must have maintained a cumulative 3.0 or higher GPA.
- 2. Before monies are awarded, applicant must submit proof of acceptance to an accredited college, university or vocation school, e.g., listing of classes, invoice. The document must include the student name and ID.
- 3. Application must be received by the published deadline of <u>Sunday</u>, <u>June 9</u>, <u>2024</u>. Notification of award will be made via 1st class mail by <u>June 30</u>, <u>2024</u>.

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Student Info	SCHOLARSHIP REAPPLICATION
Full Name	
Birthdate	
Phone #	
Address	
City/State/Zip	
Email	
If a member of New Life Church, give date of membership	
Parent 1 Info	
First & Last Name	
Phone #	
Email	
Address (if different)	
City/State/Zip	
Parent 2 Info (if app	licable)
First & Last Name	Automatical designation of the second
Phone #	
Email	
Address (if different)	
City/State/Zip	

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2024 SCHOLARSHIP REAPPLICATION- continued

Name(s) of each college/university/trade school and years attended.		
What is your course of study or major?		
What is your anticipated graduation date/year?		
List below your participation in church , faith-based , community, civic, and school activities during your enrollment at an institution of higher education. Include the name and contact information for adult coordinator/staff/contact person(s).		



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2024 SCHOLARSHIP REAPPLICATION- continued

Are you	willing to share your story of how this scholarsh	ip helps you attain your goals?		
Yes □	No □			
To the best of my knowledge, the information provided in this application is true and correct. If chosen as a recipient, I promise to use the funds as issued and provide verification as required.				
Digital S	Signature	Date:		
Any questions regarding this application may be referred to Bonnie Fowler, Scholarship Committee Contact Member at floridafowlers@gmail.com or 863-604-4074.				
hesitate	additional space is needed on any of the applicate to include additional information in a Word document that it is a continuation of a specific section are	ment. Indicate on the Word		