

# GLAD TIDINGS GOSPEL MINISTRY

Dear Applicant:

Greeting in the name of our Lord and Savior, Jesus Christ!

Thank you for your interest in Glad Tidings Gospel Ministries scholarship program. In order to be considered as a possible recipient of this scholarship, the following steps must be completed:

- 1) THE SCHOLARSHIP APPLICATION: Please fill out the entire application, including references, with their addresses. Please don't forget to include your testimony.
- 2) REFERENCE LETTERS & FORMS: Please distribute these forms and have them returned to our office in individually sealed envelopes.

Please return your completed application to our office as soon as possible. The application deadline for the Fall semester is June 30<sup>th</sup>, and the deadline for the Spring semester is September 30<sup>th</sup>.

Yours in Christ,

Robert Van Vossen  
President



CHRISTIAN EXPERIENCE AND CHURCH MEMBERSHIP

8. How long have you know Jesus Christ as your personal Savior? \_\_\_\_\_

(NOTE: PLEASE ENCLOSE A BRIEF STATEMENT OF YOUR PERSONAL TESTIMONY GIVING DETAILS OF YOUR SALVATION AND WALK WITH CHRIST)

9. Are you a member of a local church?  Yes  No

If yes, list the church's name and address: \_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

10. Do you believe in the deity of our Lord Jesus Christ and agree with the doctrine set forth in the Apostle's Creed:  Yes  No

\*If no, please clearly state your beliefs concerning Jesus Christ on a separate letter and enclose along with your application.

11. Briefly state your career or ministry plans: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EDUCATION INFORMATION

12. List all schools attended, high school and above:

\_\_\_\_\_  
(GRADUATING HIGH SCHOOL) (LOCATION) (DATES)

\_\_\_\_\_  
(COLLEGE) (LOCATION) (DATES)

\_\_\_\_\_  
(COLLEGE) (LOCATION) (DATES)

\_\_\_\_\_  
(COLLEGE) (LOCATION) (DATES)

13. Have you been accepted by, or are you currently enrolled in a Christian college?

Yes  No

*Glad Tidings Gospel Ministry*

◆ P.O. Box 11 ◆ Chicago Ridge, Illinois 60415 ◆

◆ Phone: (708)389-3500 ◆ E-mail: [info@gtgm.org](mailto:info@gtgm.org) ◆ Website: [www.gtgm.org](http://www.gtgm.org) ◆

FINANCIAL INFORMATION

14. List the complete name and address of the school you will be attending when receiving financial assistance from Glad Tidings Gospel Ministries.

(NAME)	(STREET)	
(CITY)	(STATE)	(ZIP CODE)

15. How much financial aid will you need for the desired semester? \_\_\_\_\_

16. Will you have any additional source of income while in school?  Yes  No

If yes, list: \_\_\_\_\_

REFERENCES

17. Give the **COMPLETE** names and addresses of four people who know you well. One must be your pastor, and the others should include one of your former school teachers or professors, and also a professional or business person. **DO NOT USE RELATIVES!**

\_\_\_\_\_  
(PASTOR'S NAME) (ADDRESS) (AREA CODE) PHONE NUMBER

\_\_\_\_\_  
(TEACHER/PROFESSOR) (ADDRESS) (AREA CODE) PHONE NUMBER

\_\_\_\_\_  
(PROFESSIONAL) (ADDRESS) (AREA CODE) PHONE NUMBER

\_\_\_\_\_  
(PERSONAL FRIEND) (ADDRESS) (AREA CODE) PHONE NUMBER

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**REIMBURSEMENT POLICY**

PLEASE READ THE FOLLOWING CAREFULLY:

It is the official policy of Glad Tidings Gospel Ministries, Inc. that all students who have received financial assistance from Glad Tidings and who also DO NOT enter full-time Christian work upon graduation or leaving school, are to repay their loan (interest free) at convenient installments over a reasonable period of time. The repayment schedule should be cleared by Glad Tidings upon entering secular work.

I hereby state that all the above information submitted on and with this application is correct to the best of my knowledge. I have read and understood the reimbursement policy of Glad Tidings Gospel Ministries, Inc. and I agree to comply with its requirements.

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

\_\_\_\_\_  
(DATE)

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