

GLAD TIDINGS GOSPEL MINISTRY

Dear Applicant:

Greetings in the name of our Lord and Savior, Jesus Christ! Thank you for your interest in the *Glad Tidings Gospel Ministry* scholarship program. Our ministry provides financial support to students that meet at least **one of the following criteria**: *students who plan to serve in inner-city ministry, students who have parents who serve/served as missionaries, or students who come from unbelieving families that do not support their Christian education.*

In order to be considered as a recipient of this scholarship you must fit at least one of the above criteria and complete the following items:

- 1) SCHOLARSHIP APPLICATION: Please complete the entire application.
- 2) PERSONAL TESTIMONY: Please include your personal testimony on a separate piece of paper (see additional details on page 3 of the application packet). **Be sure to explicitly explain in your testimony HOW you fit one of the three scholarship criteria.**
- 3) PICTURE (mail or email in with the application): Please include a picture of yourself (head and shoulders). This will have no bearing on your acceptance. In the future some of our scholarship recipients will be featured on our website and other promotional materials. It will be any scholarship recipient's right to opt out of this use of their picture if they choose.
- 4) THREE REFERENCE LETTERS/FORMS: Please distribute these forms and have them returned to our office in individually sealed envelopes or emailed from your reference to info@gtmg.org. Your scholarship application will not be considered if you do not have **three** completed references.

Please return your completed application to our office by mail or email (info@gtgm.org) by or before the application deadline. The application **deadline for the Fall semester is June 30th**, and the **deadline for the Spring semester is September 30th**.

Yours in Christ,

Robert Van Vossen
President

GLAD TIDINGS GOSPEL MINISTRY

SCHOLARSHIP APPLICATION FOR BIBLE OR CHRISTIAN COLLEGE (Max. \$700 per SEMESTER)

DATE OF APPLICATION: _____

For which academic term are you requiring assistance? ___FALL___ ___SPRING___ 20___

Name of school attending: _____

Mark level of school you are enrolling in: _____ undergraduate _____ graduate _____ doctorate

PERSONAL INFORMATION:

1. NAME: _____
(LAST) (FIRST) (MIDDLE)

2. PRESENT ADDRESS: _____
(STREET) (CITY)

(STATE) (ZIP CODE) (AREA CODE) PHONE NUMBER

3. EMAIL ADDRESS: _____

4. DATE OF BIRTH ___/___/___ SEX: MALE FEMALE

5. MARITAL STATUS: SINGLE MARRIED ___SEPERATED OR OTHER*
*If separated or other, please enclose a brief explanatory letter.

6. PERMANENT ADDRESS: _____
(STREET) (CITY)

(STATE) (ZIP CODE) (AREA CODE) PHONE NUMBER

7. PARENT'S NAME (S): _____

8. PARENT'S OCCUPATION: _____ ANNUAL INCOME: _____

Glad Tidings Gospel Ministry

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

∪ Phone: (708)389-3500 ∪ E-mail: info@gtgm.org ∪ Website: www.gtgm.org ∪

9. Please mark the scholarship criteria that best applies to you:

- plan to serve in inner-city ministry
- have parents who serve/served as missionaries
- come from unbelieving families that do not support Christian education

CHRISTIAN EXPERIENCE AND CHURCH MEMBERSHIP

10. How long have you know Jesus Christ as your personal Savior? _____

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

11. Are you a member of a local church? Yes No* (If no, explain in personal testimony)

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.

12. Briefly state your career or ministry plans after completing your education (**be sure to include details describing how your plans fit into the qualifications for the GTGM scholarship**):

EDUCATIONAL INFORMATION:

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

(HIGH SCHOOL)	(LOCATION)	(DATES)
(COLLEGE)	(LOCATION)	(DATES)
(COLLEGE)	(LOCATION)	(DATES)
(COLLEGE)	(LOCATION)	(DATES)

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

Yes* No *If Yes, which school: _____

15. 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)

FINANCIAL INFORMATION

16. How much financial aid will you need for the desired semester? _____

17. Will you have any additional sources of income or financial aid while in school?

Yes No

If yes, list: _____

Glad Tidings Gospel Ministry

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

∪ Phone: (708)389-3500 ∪ E-mail: info@gtgm.org ∪ Website: www.gtgm.org ∪

REFERENCES:

18. Give the **COMPLETE** names and phone numbers of your **three** references. The references should be: your current or past pastor, a current or former teacher/professor, and a reference from your professional experiences. Completed references should be mailed to the GTGM post office box or emailed from your reference to info@gtgm.org. **DO NOT USE RELATIVES AS REFERENCES!**

 (PASTOR'S NAME)

(AREA CODE) PHONE NUMBER

 (TEACHER/PROFESSOR)

(AREA CODE) PHONE NUMBER

 (PROFESSIONAL)

(AREA CODE) PHONE NUMBER

Glad Tidings Gospel Ministry

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

v Phone: (708)389-3500 v E-mail: info@gtgm.org v Website: www.gtgm.org v

GLAD TIDINGS GOSPEL MINISTRY

SCHOLARSHIP AGREEMENT

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 but **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.

Glad Tidings holds a fundraising and informational banquet each year in late Spring, to help inform the public about our ministry, while also seeking to raise additional money for scholarships. **With your acceptance of this scholarship, we ask that you make time to attend this banquet in order to share how Glad Tidings' partnership has helped further your education and ministry.** Please note that we only expect your attendance if you are within reasonable distance from Chicago (we do not require out-of-state recipients to attend).

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 scholarship agreement of *Glad Tidings Gospel Ministries, Inc.* (above) and I agree to comply with its requirements.

(SIGNATURE OF APPLICANT)

(DATE)

Glad Tidings Gospel Ministry

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

▫ Phone: (708)389-3500 ▫ E-mail: info@gtgm.org ▫ Website: www.gtgm.org ▫