

FULL TRUTH CHURCH OF GOD DELIVERANCE CENTRE

THE BISHOP WILFRED A. SHAW ANNUAL MEMORIAL SCHOLARSHIP

APPLICATION FORM

BEFORE COMPLETING THIS FORM, PLEASE READ THE ATTACHED COPY OF THE REGULATIONS

Each candidate should complete one copy of this form. The completed application form and the supporting documents listed below should be returned to the Head Office.

The following supporting documents should be submitted with the application form:

1. a) A letter from institution certifying that the candidate is a student
 b) A letter of acceptance from the institution.
2. Statement of grades
3. Two character references; one of which must be from your Pastor.

Candidate's Name: Mr./Mrs./Miss _____

Date of Birth _____

Nationality _____

Sex: Male () Female ()

Marital Status: Single () Married ()

Home Address: _____

Email Address: _____ Telephone: _____

Mailing Address, if different from above: _____

EDUCATIONAL BACKGROUND

[illegible]

Awards or Distinctions gained during your academic pursuits

WORK EXPERIENCE

[illegible]

List all leadership positions you have held (Church, Professional Organisation, Civic Organisation, Club, etc.)

INSTITUTION	DATE	POSITION

Date you entered the institution at which you are now studying _____

Faculty/Department _____

Duration of Programme _____

Signature

Date

REGULATIONS GOVERNING THE GRANTING OF SCHOLARSHIPS

Candidates must:

1. be a born again Christian and a member of the Full Truth Church of God for a minimum of five (5) years.
2. be a student registered or accepted in a tertiary institution, pursuing a course in theology, education or music.
3. on completion of the course, continue to serve in some area of ministry in the church

I do agree to continue serving the Full Truth Church of God Deliverance Centre unless hindered by circumstances over which I have no control.

Signature: _____

Date: _____