



**Bethel Foundation  
Grace Scholarship Fund**

# Scholarship Application

## **Statement of Purpose**

The purpose of the Grace Scholarship is to provide supplemental financial assistance to those Graces who are pursuing a course of instruction which will improve their income-earning potential. Scholarships may be used for tuition or books.

## **Amount of Scholarship**

Grace Scholarships are distributed three times a year, based on availability of funds.

Spring and Fall Sessions: Full Time Students \$1,500 Max Part Time Students \$750 max  
Summer Session: All Students: \$750 max

Applicants may reapply for each semester they are attending school but they must fill out a renewal application for each semester a scholarship is sought.

## **Deadlines**

Spring Sessions: October 15th  
Summer Sessions: March 15th  
Fall Sessions: June 15<sup>th</sup>

## **Criteria**

Single mothers selected for financial assistance will meet the following criteria:

1. Citizens of the USA.
2. High school or GED graduate.
3. Single head of household (single, legally separated, divorced, widowed) with sole custody of one or more children under the age of 18.
4. Pursuing a career-oriented course of study (full or part time) to ensure a better standard of living for your family. Applicants must not have an undergraduate degree.
5. Low income person at or near the poverty level.
6. Recipient of a Pell Grant or in the process of obtaining a Pell Grant.

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**BETHEL FOUNDATION  
GRACE SCHOLARSHIP APPLICATION** (For First Time Applicants)

For Office Use Only

Date Received:

By:

Interview Ltr Sent:

PLEASE PRINT IN BLUE OR BLACK INK OR TYPE ALL INFORMATION.

Please mark the semester you are applying for:

\_\_\_\_\_ SPRING (Deadline October 15th)  
 \_\_\_\_\_ SUMMER (Deadline March 15th)  
 \_\_\_\_\_ FALL (Deadline June 15th)

Year: \_\_\_\_\_

**PERSONAL INFORMATION**

Full Name \_\_\_\_\_ SS# \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 Number and Street Apartment # City Zip Code

Residential Address: \_\_\_\_\_  
 (If different from above) Number and Street Apartment # City Zip Code

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Message Phone # \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Are you Male \_\_\_\_\_ Female \_\_\_\_\_ ? Current Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status (Please Circle One): SINGLE MARRIED DIVORCED LEGALLY SEPARATED WIDOWED

RACE (optional): African American Asian Hispanic Native American White Other: \_\_\_\_\_  
 [Note: Identifying your race may help us to suggest other sources of financial aid.]

Do you have relatives living in the area? Yes No

Name of Nearest Relative Who Will Always Know Where/How to Reach You: \_\_\_\_\_

Relationship to You: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
 Number and Street Apartment # City State Zip Code

Including yourself, how many individuals are dependent on you for financial help or support? \_\_\_\_\_

Name of Child(ren)	Living with you? Yes/No	Male/Female	Current Age	Date of Birth	Does he or she have medical insurance? Y/N

**GRACE SCHOLARSHIP APPLICATION** (Continued)

**EDUCATIONAL INFORMATION**

List schools attended or training received. Give names and dates. Identify degree or number of credits earned. (Example: Oklahoma High School, Diploma 1964; GED, 1980; U of Ok 1999-2000, 21 credits).

High School or GED: \_\_\_\_\_

Trade or Vocational School: \_\_\_\_\_

College: \_\_\_\_\_

Military/Other: \_\_\_\_\_

Are you currently attending college or school? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES:            When did you first enroll? \_\_\_\_\_  
                        How many credit hours have you completed toward your degree/diploma? \_\_\_\_\_  
                        How many credit hours are you taking this semester? \_\_\_\_\_  
                        What is your current cumulative grade point average? \_\_\_\_\_

What college or school do you now attend or plan to attend? \_\_\_\_\_

What course of study (major) do you plan to pursue? \_\_\_\_\_

When do you expect to graduate? \_\_\_\_\_

Will you be a full-time/part-time student during the semester covered by this scholarship? \_\_\_ Full \_\_\_ Part

How many credit hours will you take during the semester covered by this scholarship? \_\_\_\_\_

**FINANCIAL INFORMATION**

Is anyone sharing household expenses with you?    Yes    No

If YES:            Name \_\_\_\_\_  
                        Relationship to you \_\_\_\_\_

Do you receive assistance from relatives or friends in any of the areas listed below? (Check all that apply)

\_\_\_\_\_ Housing                      \_\_\_\_\_ Transportation                      \_\_\_\_\_ Childcare  
\_\_\_\_\_ Financial Help                      \_\_\_\_\_ Other (please list)  
\_\_\_\_\_ I do not receive any assistance from relatives or friends.

**GRACE SCHOLARSHIP APPLICATION** (Continued)

**FINANCIAL INFORMATION (Continued)**

Are you covered by any health insurance? Yes No

Are you currently working? Yes No

If YES: Number of hours you work per week: \_\_\_\_\_  
Is this a work study position? Yes No

Will you be working for income during the semester covered by this scholarship? Yes No

If YES: Number of hours you expect to work per week: \_\_\_\_\_  
Will this be a work study position? Yes No

Please list your employers for the past five years beginning with your present or most recent employer.

Name of Employer	Address	Job Title	From—To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any volunteer work or community activities in which you have participated during the past 5 years:

\_\_\_\_\_

\_\_\_\_\_

Have you previously applied for a Grace Scholarship? Yes No

If YES: Were you awarded a Grace Scholarship? Yes No

If YES, when? \_\_\_\_\_

What are your anticipated school expenses for the semester covered by this scholarship?

Tuition and Fees \_\_\_\_\_

Books and Supplies \_\_\_\_\_

**GRACE SCHOLARSHIP APPLICATION** (Continued)

**FINANCIAL INFORMATION (Continued)**

Have you applied for other types of financial aid?    Yes    No

If YES: Have you received your financial aid award notification? Yes    No

Please list the amounts of each type of financial aid you have received in the recent past or or will receive during the next semester.

Type of Financial Aid	Amount Received Last Semester	Amount Received Current Semester	Amount Expected Next Semester
Pell Grant			
Student Loans			
Work Study			
Other Grants or Scholarships (Do NOT include anticipated SPSF Scholarship money in this amount).			
Other types of financial aid (Please specify):			

What are your average monthly expenses? (Please list dollar amounts)

Expense	Amount You Pay	Amount Paid Through Outside Assistance
Housing		
Utilities (electric, gas, phone, water)		
Food		
Transportation (gas, tires, maintenance)		
Car Payment		
Auto Insurance		
Health Insurance		
Medical Costs (check-ups, dentist, etc.)		
Clothing and Household Goods		
Child Care		
Credit Card Payments		
Other Loan Payments		
Other Monthly Expenses (Please List):		
Total Average Monthly Expenses		

**GRACE SCHOLARSHIP APPLICATION** (Continued)

**FINANCIAL INFORMATION** (Continued)

Sources of Income

Please list both monthly and annual amounts for each source of income. Column A should include income derived from each source during the PAST 12 months. Column B should include the amounts you expect to derive from each source during the NEXT 12 months. **THIS SECTION MUST BE FILLED OUT COMPLETELY TO BE CONSIDERED FOR A SCHOLARSHIP.**

Source of Income (Net Income)	Column A (Past 12 Months)		Column B (Next 12 Months)	
	Per Month	Per Year	Per Month	Per Year
Friends				
Family				
Employment				
Child Support				
Reserve Armed Forces				
Unemployment				
Social Security				
Rehabilitation				
HUD Rental Assistance				
TEA Assistance				
Child Care Vouchers				
Food Stamps				
V.A.				
Loan from Family or Friends				
Savings				
Other (Please list)				
TOTAL				

In the space below please include anything else about your financial situation that would be helpful in evaluating your application.

# GRACE SCHOLARSHIP APPLICATION (Continued)

## ADDITIONAL REQUIREMENTS

1. **APPLICATIONS MUST BE COMPLETED AND RECEIVED BY THE DEADLINE TO BE CONSIDERED FOR A SCHOLARSHIP.** If you leave any section blank you will not be considered for a scholarship.

2. **FIRST TIME APPLICANTS** must submit the following supporting documents in addition to this application form. Use this checklist to be sure your application packet is complete.

\_\_\_\_\_ Three (3) letters of reference from people (not related to you) who are familiar with your life experiences and with your character.

\_\_\_\_\_ A personal statement explaining why you chose this particular course of study and what you hope to achieve. Feel free to include any information about yourself which might be helpful to the Selection Committee in its evaluation.

\_\_\_\_\_ A copy of your high school transcript and diploma OR your GED certificate and test scores.

\_\_\_\_\_ Official transcripts from any colleges or schools you have previously attended.

\_\_\_\_\_ A letter of acceptance/admission from the school of your choice or an official transcript that indicates current enrollment that will be acceptable.

**RENEWAL APPLICANTS** must submit the following supporting documents in addition to this application form.

\_\_\_\_\_ An official transcript (Fall Scholarships Only).

Upon submission of your application you will receive a letter telling you if your application packet is complete. You will only receive one notice if you are missing required items.

3. After the submission deadline, applications will be screened for eligibility. Those applicants eligible for a Grace Scholarship will be invited to a personal interview. You will receive a notice telling you the days and times interviews will be conducted. You must call to schedule your interview when you receive this notice.
4. After the interviews, applicants will receive a written notice advising them whether they have been awarded a scholarship. If you receive a scholarship your notification letter will specify the date scholarship money will be distributed and the procedure to follow to receive your check. Prior to check distribution each recipient must submit a class schedule for the semester covered by the scholarship and a copy of the final grades from the previous semester (if recipient was in school). To receive a fall scholarship, each recipient must submit an official transcript which includes grades earned the previous academic year.
5. Part time students must take a minimum of 6 credits hours to be eligible for a scholarship.
6. You must sign and date the Memorandum of Understanding (Page 8).

The following is **OPTIONAL** but your assistance in these areas increases the ability of Grace Scholarship Fund to publicize our efforts and to raise money. Please check yes or no to each item and sign at the bottom of the page. Thank you!

I hereby give Bethel Foundation with Grace Scholarship Fund permission to use information about my background, experiences and academic accomplishments in promotional materials to encourage others. Yes \_\_\_\_\_ No \_\_\_\_\_

I would be willing to assist Bethel Foundation by speaking at civic clubs, churches, or other engagements in which members of the community want to learn about the activities of Bethel Foundation Grace Scholarship. Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# GRACE SCHOLARSHIP APPLICATION (Continued)

## Memorandum of Understanding

I am applying for a scholarship to be awarded by Grace Scholarship Fund of Bethel Foundation in Oklahoma. I understand that the Bethel Foundation is a private, non-profit organization which awards scholarships to single mothers who meet certain eligibility requirements.

I understand the following:

1. Bethel Foundation has certain requirements for eligibility that must be met before I may be awarded a scholarship.
2. The status of program funds and/or eligibility requirements may be change without notice.
3. I must meet all eligibility requirements during the semester for which a scholarship is awarded or I will forfeit the scholarship.
4. Not all applicants who meet eligibility requirements may be awarded a scholarship.
5. If I drop out of school for any reason, marry, or move out of Oklahoma, I lose all rights to remaining awarded funds. I shall be responsible for notifying Bethel Foundation.
6. I understand that dropping classes, in any given semester, below the award amount, may affect current or future scholarship awards. I shall be responsible for notifying Bethel Foundation.
7. I understand that if I miss an interview appointment I may become ineligible to receive a scholarship.
8. Purposely falsifying any information required by Bethel Foundation or making misleading or false statements concerning Bethel Foundation or any agencies dealing with Bethel Foundation will result in immediate dismissal from the program.
9. I understand that the Interview Committee decision is final.

If I am not awarded a scholarship or if I should become ineligible to receive a scholarship or any part thereof, I do waive any cause of action that I may have against the Bethel Foundation, Board officers or directors, employees or volunteers. I understand that by affixing my signature to this document that Bethel Foundation, its officers, directors, employees or volunteers will not be liable for any loss that I may suffer by reason of not receiving a scholarship. I have read and understand the above requirements and by my signature do agree to abide by them.

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Signature of Applicant

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Date

I understand that Grace Scholarship Fund of Oklahoma, Inc. is required to verify all information provided to determine eligibility for assistance. I hereby give permission for all financial and academic information related to my application for a Grace Scholarship to be released, upon request, to the Grace Scholarship Fund of Oklahoma, Inc. I also agree to participate in follow up research conducted by Bethel Foundation after I am no longer receiving scholarship awards and hereby give permission to Bethel Foundation to obtain enrollment and graduation information from my school as is needed for their subsequent reports.

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Signature of Applicant

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Date