



**Application Deadline:  
May 31**

**Return Application Form to:  
Women & Girls Student Scholarships  
Transformation Ministries  
970 S. Village Oaks Dr., Ste. 101  
Covina CA 91724-0609**

**For More Information:  
626-915-7641; 800-299-3448  
Fax: 626-236-9176  
Email: [Irosales@transmin.org](mailto:Irosales@transmin.org)**



**Women and Girls  
Student Scholarship  
Application**



**Transformation Ministries**

**Women and Girls Student Scholarship Guidelines:**

**Transformation Ministries Women and Girls Student Scholarship Application Form**

Scholarships will be made for one academic year to full-time college, university or seminary students. A minimum of 12 units required. Applicants may reapply.

Scholarships will be awarded on the basis of academic achievement, church involvement and financial need.

Applicant must be an active member of a Covenanting Transformation Ministries church.

Application must be signed by one of your church's **pastors or Chairman of the Board.**

Application must be completed in its entirety in order to be considered.

All applications will be reviewed by a Scholarship Committee.

Scholarships will be awarded late summer for the fall term and will be sent directly to the academic institution.

We are in full support of students seeking higher education in a fully accredited institution.

**NOTE: A 1-page essay on the following topic is also required:**

*“How will my education better equip me to impact my world for Jesus Christ?”*



**Return completed form and essay no later than May 31.**

Dr./Rev./Mrs./Miss/Ms. \_\_\_\_\_  
 Circle one First Middle Last

Address \_\_\_\_\_ City State/Zip

( ) \_\_\_\_\_  
 Phone E-mail Date of Birth (optional)

Current G.P.A. \_\_\_\_\_ Grade level next fall

School you plan to attend next fall / City, State \_\_\_\_\_ Have you been accepted?

Total estimated cost for one year \_\_\_\_\_ Total family income \_\_\_\_\_ Size of family \_\_\_\_\_

List any additional funding (work, family, scholarships/grants, etc.) \_\_\_\_\_

Church name and address \_\_\_\_\_

Briefly describe your reason for applying for this scholarship. (If additional space is needed, please use separate piece of paper. Remember, we need a clear picture of your financial need.): \_\_\_\_\_

What has been your involvement in the life of the church? \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant Signature

\_\_\_\_\_ Pastor's Signature or Board Chairperson Signature

**Office Use Only**

Date Received: \_\_\_\_\_