

The Unity Gathering Scholarship Application



First Name: _____ Last Name: _____

Cell #: _____ Alternate Contact #: _____

Email Address: _____

Address: _____

Street/Apt. #

City

State

Zip Code

College/Vocational School: _____

Name of Church: _____ Pastor's Full Name: _____

Church Address: _____

Street/Apt. #

City

State

Zip Code

Church Email: _____

Scholarship Payable to: _____

Scholarship Designee: _____

(person appointed to pick up scholarship funds, must provide valid identification)

I acknowledge that if I am a recipient, I will give a testimonial regarding my scholarship award, and how it benefitted me prior to picking up stipend.

Scholarship funds must be picked up by scholarship recipient or recipients' designee no later than August 28, 2024. I acknowledge that if funds are not picked up by that date, the scholarship funds are null and void. No exceptions.

I, _____ affirm the information

provided in this application is the truth, and that I agree to and understand the requirements set forth above.

Signature of Applicant

Date