## APPLICATION FOR SOCIAL SERVICES SCHOLARSHIP

Date of Application:	-				
Name:					
Street:					
City:Phone Number:	State: Zip:				
Phone Number:	_ Date of Birth:				
Alternative phone: E-	mail:	<del></del>			
Spiritual: Do you attend Apostolic Christian Cl Are you a member of the Apostolic C Church location: Describe your involvement in church	Christian Church? Yes	No			
Education: High School attended:Graduation Year: Clubs/Activities/Awards:					
College(s) attended (if applicable)	Years Attended	Degree Received			
Current Major:	Current Minor:				
Current G.P.A					
Describe educational plans:					
Personal Goals: What are your career goals?					
	-				

Work and Volunteer Experience:					
Employer/Site	Ĉity	Date	Responsibilities		
<b>References</b> (at leas	st one relative ar	nd one work refe	rence):		
Name:		Tele	phone #:		
Relationship to refe	erence:	rere	priorie " :		
Name:		Tele	phone #:		
Keiationsnip to ref	erence:				
Name:		Tele	phone #:	<del></del>	
Relationship to refe	erence:				

Please submit with this application a 500-1000 word essay on "Why I chose to further my education in the social services field." Be specific, feel free to include individuals, classes, work and volunteer experiences that influenced your educational or career direction, and describe how this scholarship will help you. (Please type the essay with double spacing.)

The completed application and essay should be sent to Attn Jeff Waibel, Gateway Woods, P.O. Box 125, Leo, IN 46765. If you have any questions, please call us at 888 443-4283 or e-mail at: info@gatewaywoods.org.