



**RIGGS SCHOLARSHIP
FUND**
**(The General Superintendent's
National Scholarship)**

AG Trust

The Alliance for AG Higher Education

RIGGS SCHOLARSHIP FUND

The Riggs Scholarship Fund is a fund for scholarships made available by the AG Trust through The Alliance for Assemblies of God Higher Education. The Riggs Scholarship Fund will be distributed in the following ways:

1. The General Superintendent's National Scholarship

Two scholarships of up to \$30,000 each (awarded over a 4-year period) will be awarded to one male and one female high school senior who will be attending as a full time student at an Assemblies of God endorsed institution of higher education. Ten semi-finalists will be selected; the eight not chosen for the GSNS will receive one-time \$5,000 scholarships to be awarded over the first two semesters he or she is enrolled in an AG school. The General Council of the Assemblies of God appreciates the diversity of the body of Christ and does not discriminate on the basis of ethnicity, color, national origin, or age in the rewarding of scholarships.

Students who meet the following guidelines may apply to the AG Trust at www.AGTrust.org.

- a. Student must demonstrate leadership potential through past and present involvement in an AG church, school, and community
- b. Student must have a minimum GPA of 3.7 (unweighted 4.0 scale) or an ACT score of 28/36 or an SAT score of 1870/2400
- c. Student must demonstrate a dedicated walk with God and a commitment to use his or her gifts toward Kingdom expansion.
- d. For the Superintendent's award to continue, the student must maintain a 3.5 GPA and continue attendance and active involvement in an AG church while enrolled in school

EXTRACURRICULAR HIGH SCHOOL ACTIVITIES

MUSIC:

Category	Position/Awards/Office	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SPORTS:

Sport	Position/Awards/Letters	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER HIGH SCHOOL CLUBS/ORGANIZATIONS: (Examples: Speech/Debate, Newspaper, Student Government, Drama, etc.)

Club/Organization	Explain/List Positions, Honors	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMMUNITY ACTIVITIES: (Examples: Junior Achievement, Rotary Club, Scouts, Special Olympics, etc.)

Activity	Explain	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT RECORD (Start with your most recent work experience.)

Company/Employer	Type of Work	Avg. Hours Worked Per Week	Dates	Supervisor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CHRISTIAN SERVICE

It is a requirement of the scholarship program that winners must attend an Assemblies of God church.

1. Church you attend _____
2. Church address _____
_____ Phone (____) _____
3. Name of present pastor _____

4. YOUTH MINISTRY

a. List positions and/or leadership responsibilities you have held in your youth group.

Position/Responsibility	Date(s)
_____	_____
_____	_____
_____	_____
_____	_____

b. List all youth group programs in which you have participated (and level of participation), such as Fine Arts Festival, Bible Quiz, Ambassadors in Missions (AIM), Youth Alive, special youth projects, etc.

Program	Level (Local/Regional/National)	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. CHRISTIAN EDUCATION MINISTRY

List positions and responsibilities you have held in the Christian Education programs at your church, such as Sunday School, VBS, Nursery, Children's Church, Royal Rangers, Missionettes, etc. Include regular Sunday School attendance.

Attendance/Position/Service	Date(s)
_____	_____
_____	_____
_____	_____
_____	_____

7. OTHER MINISTRY

Please list positions and responsibilities you have held in your church not previously listed under Christian Education or Youth Ministry. (Examples: Music, Drama, Usher, Visitation, Custodian, Praise Team, Nursing Home Outreach, etc.) Please do not duplicate anything you have previously listed.

Position/Responsibility	Date(s)
_____	_____
_____	_____
_____	_____
_____	_____

ADDITIONAL INFORMATION

CHRISTIAN LIFE:

1. Date and place of your conversion _____
2. Date and place of your baptism in water _____
3. Have you been or are you seeking to be baptized in the Holy Spirit? _____ yes _____ no
4. Evaluate your personal spiritual growth and maturity, including a description of your personal devotions.

Your comments should be 25 to 30 words _____

REFERENCES:

Have you completed the top section of your High School and Pastor's reference forms and requested that your references send the completed forms to the office of the AG Trust? Yes _____ No _____ Please list the names of your references.
(Application will be considered incomplete without both references.)

High School reference (preferably your guidance counselor): NAME _____
 TITLE _____

Pastor's reference (cannot be a relative): NAME _____
 TITLE _____

(If your pastor is a relative, this reference should be from an associate pastor or deacon who knows you well.)

FINANCIAL NEED:

In 50 words or less, describe your need for financial assistance to attend an Assemblies of God college.

Other financial aid for which you have applied

What financial assistance will you receive from your parents?

ESSAY:

On a separate page, express in 300 words or less how an Assemblies of God college education will help in the growth of your personal Christian experience and in preparation of your life's vocation. Grammar and writing style will be evaluated. The judges prefer the essay to be typed. Please include a word count.

MISCELLANEOUS

1. Will you permit us to use pertinent data from this application and from references for articles in our publications?
Yes _____ No _____
2. Have you enclosed one (1) recent photo for publicity? Yes _____ No _____ **(Application will be considered incomplete without photo.)**
3. Have you requested that a copy of your high school transcript be sent to the office of the AG Trust?
* Yes _____ No _____

APPLICANT'S SIGNATURE

All the information I have provided on this application is true and accurate.

Signature _____
(Applicant)

Date _____

PASTOR'S SIGNATURE

All the information I have read in this application is true and accurate to the best of my knowledge.

Signature _____
(Pastor)

Date _____

(Pastor's name printed or typed)

SCHOLARSHIPS AWARDED THROUGH THE GENERAL SUPERINTENDENT'S NATIONAL SCHOLARSHIP

Two scholarships of up to \$30,000 each (awarded over a 4-year period) will be awarded to one male and one female high school graduate who will be attending an Assemblies of God endorsed institution of higher education. Ten semi-finalists will be selected: the eight not chosen for the GSNS will receive one-time \$5,000 scholarships to be awarded over the first two semesters he or she is enrolled in an AG school.

*** It is the Student's responsibility to see that the completed application and all supporting documents are in the office of the AG Trust no later than February 15, 2010.**

High School Reference
2010 General Superintendent's National Scholarship
The General Council of the Assemblies of God

To be completed by APPLICANT:

Applicant's Name _____

Address _____ City _____ State _____ Zip _____

WAIVER FORM: I, _____ the undersigned, hereby voluntarily waive any right or privilege provided by Public Law 93-380 to inspect or challenge the content and comments expressed in this letter of recommendation. I expect that the observations made shall remain confidential between the writer and the person or organization to whom my file may be addressed.

Date _____ Signature _____

To be completed by HIGH SCHOOL REFERENCE:

Dear Friend:

The student who has given you this form is applying for a college scholarship provided by the General Council of the Assemblies of God. An early reply from you or the person you designate will be deeply appreciated and will be held in strictest confidence. The student must supply you with the name and address of the person to whom you are to send this form. Note it is due to them by **February 15, 2010**. Please indicate your estimate of the following.

<u>(Please check)</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Unknown</u>
Emotional stability	_____	_____	_____	_____	_____
Personal appearance	_____	_____	_____	_____	_____
Moral character	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Cooperativeness	_____	_____	_____	_____	_____
Respect for authority	_____	_____	_____	_____	_____
Religious life	_____	_____	_____	_____	_____
Academic achievement	_____	_____	_____	_____	_____

1. In what way have you been associated with the applicant? (Principal, counselor, teacher, etc.) _____

2. How long have you been acquainted with the applicant? _____

3. Would you recommend this person, without reservation, for a college scholarship? ____ If "no," please explain on the reverse side.

4. To your knowledge, does the applicant use alcohol, tobacco, or illegal drugs? _____

5. PLEASE SEND A TRANSCRIPT of the applicant's work with this reference. In addition to the transcript, please complete this section.

a. Rank in class: Number _____ in a class of _____ students. Unweighted GPA _____ /4.0 _____

b. If available, has applicant taken weighted honors courses? Yes _____ No _____ Not available _____.

6. On the other side of this sheet please give any comment that you think would be of assistance in considering this applicant for a scholarship.

7. Standardized Test Scores

	<u>Name of Test</u>	<u>Date Administered</u>	<u>Raw Score</u>	<u>Percentile</u>
a.	ACT	_____	_____ /36	_____
b.	SAT	_____	_____ /2400	_____

Signature _____ Title _____

Please print your name _____ Date _____

Please return completed form to the office of the AG Trust by
February 15, 2010. It is the student's responsibility to give you the name and address.

Pastor's Reference*
2010 General Superintendent's National Scholarship
The General Council of the Assemblies of God

To be completed by APPLICANT:

Applicant's name _____

WAIVER FORM: I, _____ the undersigned, hereby voluntarily waive any right or privilege provided by Public Law 93-380 to inspect or challenge the content and comments expressed in this letter of recommendation. I expect that the observations made shall remain confidential between the writer and the person or organization to whom my file may be addressed.

Date _____ Signature _____

To be completed by PASTOR: ***If you are a relative of the applicant, please have another pastoral staff person or a member of the church board complete this form.**

Dear Pastor:

We believe that you are interested in the future of the young person from your church named above. He/She is applying for one of the tuition scholarships in the National Youth Scholarship Program jointly sponsored by The Alliance for AG Higher Education and the Youth Department. Your cooperation in answering a few questions will be of great value in helping us to evaluate this application. A prompt reply will be deeply appreciated and held in confidence. Please note it is due by **February 15, 2010.**

1. How long have you been acquainted with the applicant? _____

2. Briefly describe why you believe the applicant is an outstanding member of your youth group and qualified for this scholarship.

3. Describe ways this person exhibits a consistent Christian witness. _____

4. To your knowledge, does the applicant use alcohol, tobacco, or illegal drugs? _____

5. Please make a brief statement on reverse side as to the financial status of the applicant. (Note: Finances can be a factor, among others, in awarding this scholarship.)

6. Please make additional helpful comments on the reverse side of this form that will assist the committee in considering this applicant for a scholarship.

7. Do you endorse this applicant without reservation? Yes _____ No _____ If "no," please explain on the reverse side.

<u>(Please check)</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Not Known</u>
Emotional stability	_____	_____	_____	_____	_____
Personal appearance	_____	_____	_____	_____	_____
Moral character	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Cooperativeness	_____	_____	_____	_____	_____
Respect for authority	_____	_____	_____	_____	_____
Church involvement	_____	_____	_____	_____	_____
Spiritual life	_____	_____	_____	_____	_____

Signature _____ Title _____

Please print your name _____ Date _____

Name of church _____ District _____

Address of church _____ City _____ State _____ Zip _____

Please return completed form to the office of the AG Trust by February 15, 2010. It is the student's responsibility to give you the name and address.