

AKRON AREA ASSOCIATION LEADERSHIP ACADEMY SCHOLARSHIP

Application for financial assistance:

1. Must be an active member* of an Akron Area Association Church.
2. Can be applied for up to three years of enrollment in the program.

STUDENT INFORMATION:

NAME _____ EMAIL: _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

CHURCH NAME _____ PASTOR _____

DATE OF BIRTH _____ YEARS A MEMBER OF AN ABC/OHIO CHURCH _____

LICENSED TO PREACH? ___ YR _____

EMPLOYMENT OCCUPATION _____

* Active member; A member in good standing of an Akron Area Association church who is active (attends Sunday services at least 50% of the time.)

CURRENT and PAST LEADERSHIP ROLES:

Explain your current and past leadership roles within the church.

CHRISTIAN COMMITMENT STATEMENT: Explain your Commitment to Jesus Christ.

Provide pertinent information to help Scholarship Committee in their review. Additional pages can be used to accurately provide your information.

MINISTRY GOALS: State your reasons and goals for entering the Leadership Academy Program. For instance, What factors motivated you? Who influenced you to enroll? Where might the Lord be leading to serve? What would you like to accomplish through the program?
