

Raisch Memorial Scholarship

PURPOSE

The Raisch Memorial Scholarship will be awarded to a high school senior(s) who is a member or active attendee of Fairhaven church or a family member of a Fairhaven missionary.

QUALIFICATIONS AND ELIGIBILITY

Candidates for this scholarship must be a member or active attendee of Fairhaven church or a family member of a Fairhaven missionary.

Candidates must have been accepted as a student at a two or four-year post-secondary institution of choice and decided to go there.

APPLICATION PROCESS

Candidates will need to fill out the application form completely which includes the following:

- General Information (including personal, education and Fairhaven involvement)
- List References (Submit completed forms with application)
- A 500 word essay – Explaining your institutional choice, educational goals and how the education gained will glorify God and advance His kingdom (Attach document or email to students@fairhaven.church)
- Statement of faith
- Reference forms (Minimum one for spiritual maturity & growth; one for academic achievement)
- Financial form

Applications due by April 1, 2019. Please place in envelope with ATTN: Student Ministries and mail to Fairhaven or submit during normal office hours. For questions, email students at students@fairhaven.church or call Student Ministries office at 937-434-8627.



PERSONAL INFORMATION

Name _____ Date of Birth ____/____/____

Address, City, ZIP _____

Phone _____ Email _____

EDUCATION

Last school attended _____ Dates attended _____

Year of High School graduation _____

Highest level of education completed _____

Most recent GPA _____

Post-Secondary institution you plan to attend this Fall _____

Intended major: _____

FAIRHAVEN INVOLVEMENT

Length of Attendance: Years: _____ Months: _____

List Fairhaven ministries in which you have been involved and describe your involvement:

REFERENCES:

Please provide at least two references - one for each category. (Spiritual Maturity & Growth; Academic) List their information below and provide recommendation forms from each. (Reference forms included in this application.)

Spiritual Reference's Name: _____

Address, City, ZIP _____

Phone _____ Email _____

Academic Reference's Name: _____

Address, City, ZIP _____

Phone _____ Email _____

Applicant's name _____

A statement of financial need including costs, current income, other scholarships and grants.

COSTS (Tuition, books, room & board, etc.)

CURRENT INCOME

OTHER SCHOLARSHIPS

Scholarship name _____ Amount

Scholarship name _____ Amount

Scholarship name _____ Amount

GRANTS

Grant name _____ Amount

Grant name _____ Amount

RAISCH MEMORIAL SCHOLARSHIP REFERENCE FORM (SPIRITUAL MATURITY)

You are receiving this form from a Fairhaven student who is applying for a college scholarship. Please complete the form regarding the applicant's spiritual maturity & growth.. All completed forms must be returned prior to April 1, 2019. *Forms can be returned via u.s. mail to the address below ATTN: Student Ministries, emailed to students@fairhaven.church or returned via the applicant.*

Applicant's name _____

Your relationship to applicant _____

How long have you known the applicant? _____

With 1 indicating poor, 3 indicating average, and 5 indicating excellent, please rate the applicant in the following areas, providing further explanation where appropriate.

Academic Performance 1 2 3 4 5

Comments:

Integrity 1 2 3 4 5

Comments:

Maturity 1 2 3 4 5

Comments:

Ability to work well/relate with others 1 2 3 4 5

Comments:

Spiritual Development 1 2 3 4 5

Comments:

Please indicate why you feel that this applicant is deserving of this scholarship:

Your name _____

Your title _____

Phone _____ Email _____



RAISCH MEMORIAL SCHOLARSHIP REFERENCE FORM (ACADEMIC)

You are receiving this form from a Fairhaven student who is applying for a college scholarship. Please complete the form regarding the applicant's academic performance and character. All completed forms must be returned prior to April 1, 2019. *Forms can be returned via U.S. mail to the address below ATTN: Student Ministries, emailed to students@fairhaven.church or returned via the applicant.*

Applicant's name _____

Your relationship to applicant _____

How long have you known the applicant? _____

With 1 indicating poor, 3 indicating average, and 5 indicating excellent, please rate the applicant in the following areas, providing further explanation where appropriate.

Academic Performance 1 2 3 4 5

Comments:

Integrity 1 2 3 4 5

Comments:

Maturity 1 2 3 4 5

Comments:

Ability to work well/relate with others 1 2 3 4 5

Comments:

Spiritual Development 1 2 3 4 5

Comments:

Please indicate why you feel that this applicant is deserving of this scholarship:

Your name _____

Your title _____

Phone _____ Email _____

