SST Scholarship Application

Revised 12/2015

SECTION A: Personal Information

Name _____ Phone ( ) _____

Present Address _____ Marital Status _____

Email _____ Gender _____ (Male/Female) Date of Birth ____/_____/_____ (Day / Spell Month / Year) Age _____

Which SST Program do you want to attend? ❑ SST ❑ Phase 2 ❑ Phase 3 Program Dates _____

Estimated Annual Household Income $ _____

SECTION B: Supplemental Questions

Please prayerfully and concisely answer the following questions on a separate piece of paper. Please print or type.

A. Why do you want to do the SST Program?
B. Why do you think you should qualify for a scholarship?
C. What practical things have you done to raise money for SST?
D. Are you willing to try to fundraise/work to supplement your scholarship?
E. What type of a scholarship do you need? (Full, Half, Quarter, Partial, Other – state amount)

SIGNATURE

My signature below (and that of my parent or legal guardian if I am under 18) certifies that the information given in this application is, to the best of my knowledge, accurate and true.

_____

Signature of Participant Date

_____

Signature of Parent or Guardian (for participants under 18) Date

Please return form to
YWAM Tyler • Admissions Department • P.O. Box 3000 • Garden Valley, TX 75771-3000
(903) 509-5333 • fax (888) 609-8471 • ywamtyler.org