

**SNIDER CREAL ACTEENS SCHOLARSHIP APPLICATION**

**Requirements for Applicants:**

- ❖ Be a senior in high school with a minimum G.P.A. of 2.7
- ❖ Have completed at least one of the following: have completed a level of MissionsQuest; participated in an Acteens Activator Team; or served on the state or national Acteens panel
- ❖ Be an active member of a Kentucky Baptist Church
- ❖ Be active in an Acteens organization
- ❖ Mail a complete application by February 15 of her senior year.

**Attach a  
Recent Photo  
Here.**

**PLEASE TYPE ALL RESPONSES OR  
PRINT LEGIBLY IN BLACK INK!**

**PLEASE ATTACH A COPY OF  
YOUR MOST RECENT  
TRANSCRIPT.**

**Personal Data**

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_ Age \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_

E-mail address \_\_\_\_\_

College Mailing Address (if known) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Parent's or Guardian's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Number of Brothers & Sisters \_\_\_\_\_ Ages \_\_\_\_\_ Number in College \_\_\_\_\_

Occupation of Father \_\_\_\_\_ Annual Salary Before Taxes \$ \_\_\_\_\_

Occupation of Mother \_\_\_\_\_ Annual Salary Before Taxes \$ \_\_\_\_\_

Other Family Income \$ \_\_\_\_\_

Other Financial Assistance Expected for College \_\_\_\_\_

**School**

Name and Address of High School \_\_\_\_\_

Organizations or Clubs and Offices Held (if any) \_\_\_\_\_

Grade Point Average \_\_\_\_\_ (on a  4-point scale or  12-point scale)

ACT or SAT score \_\_\_\_\_  
(Circle One)

**University or College Plans**

University or college you anticipate attending \_\_\_\_\_

Address \_\_\_\_\_

Have you applied?  Yes  No    Have you been accepted?  Yes  No

Proposed Major \_\_\_\_\_

**Church**

Name \_\_\_\_\_ Association \_\_\_\_\_

Mailing Address \_\_\_\_\_

Are you a Christian?  Yes  No

Are you a church member?  Yes  No

If "Yes," how long? \_\_\_\_\_

If "Yes," how long? \_\_\_\_\_

Check all functions below that you regularly attend.

Sunday School

Youth Group Activities

Bible Study

Prayer Group

Drama

Choir

List church-related activities in which you have participated in the last year. \_\_\_\_\_

**Acteens Activities**

Year you became a member of Acteens: \_\_\_\_\_

1. List the level of MissionsQuest that you have completed \_\_\_\_\_
2. List the year you served as a national or state Acteens panelist. \_\_\_\_\_
3. List below all Acteens Activator trips you have participated in.

Year	Location	Type of work
_____	_____	_____
_____	_____	_____

4. On a separate sheet, list the association, state, and national Acteens events you have attended and give their dates.

Answer the following questions in paragraph form on a separate sheet of paper.

1. How did you become a Christian?
2. Why have you been involved in Acteens?
3. Describe the most meaningful activity in which you have participated in MissionsQuest or on an Acteens Activator trip.
4. At this point in your life, what are some of your dreams and hopes for your future (career goals)?

**References**

**(References cannot be a relative.)**

**Please give complete mailing addresses (including city, state, and ZIP code).**

**Pastor** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

**Acteens Advisor** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

**Current High School Teacher** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

**High School Principal** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

By signing below, I state that the information in this application is correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Acteens Advisor's Signature

\_\_\_\_\_  
Date

Return this completed application by February 15 to the address below:

**Snider Creal Acteens Scholarship  
Kentucky Woman's Missionary Union  
P.O. Box 436569  
Louisville, KY 40253-6569**