



## AMAZING GRACE FARMS MINISTRY CENTER

TRUSTGODALONE@GMAIL.COM

34 HILLIARDS BRIDGE RD  
SOUTHAMPTON, NJ 08088

267-973-7001

# Scholarship **Application** Procedures

The Vietnamese Alliance Northeast (VANE) offers a number of scholarships, which are made available through the generosity of local Alliance churches and friends of the VANE. If you believe you might qualify for one of these scholarships, you are encouraged to apply. Students must be enrolled or accepted into one of the seminary degree programs. Students must be enrolled full time or part time in both the fall and spring semesters for the year in which the scholarship is awarded.

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## WHEN TO APPLY

To better serve you, persons seeking admission should normally apply no earlier than one year or no later than three months before the semester they expect to enter. However, we can work with candidates with extenuating circumstances. Please contact Pastor Minh Tran in the email and address on the application to assist you with your particular situation.

## ACADEMIC TRANSCRIPTS

Please request that each college or university where you have completed six or more semester hours send an official transcript of your academic work to the email or address on the application.

## REFERENCES

Our foundation requires references from your pastor, a former professor and a friend. Please be sure to fill out and sign the top portion on the front page of each reference form before giving it out. Please give each designated reference form directly to those from whom you are requesting a reference. References should be mailed directly to the email or address on the application.

## NOTIFICATION OF SCHOLARSHIP AWARDED

As soon as all required application materials are received, the committee will review your file and you will be notified of the decision within 2-4 weeks. You are responsible to make sure that all of the pieces of your application are submitted to the email or address on the application.

## DEADLINE

**Accepting applications on a rolling basis.**



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## Scholarship Application

Please complete the sections below.

DATE OF REGISTRATION

### PERSONAL INFORMATION

/   /

Full Name :	<input type="text"/>		
Nickname :	<input type="text"/>	Country of Citizenship:	<input type="text"/>
Date of Birth :	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Address:	<input type="text"/>
Email :	<input type="text"/>	City:	<input type="text"/>
Gender :	<input type="checkbox"/> Male <input type="checkbox"/> Female	State:	<input type="text"/>
Marital Status :	<input type="text"/>	Zip Code:	<input type="text"/>
Country :	<input type="text"/>	Home Phone:	<input type="text"/>
Place of Birth:	<input type="text"/>	Cell Phone:	<input type="text"/>

### PRESENT EMPLOYMENT

Company Name:

Position/Occupation  Duration of current job

Are you a veteran?  Yes  No

Please state military service, dates, ranks: \_\_\_\_\_

### INTERNATIONAL STUDENTS ONLY

Type of visa held or for which you are applying \_\_\_\_\_

Gender :  Male  Female Marital Status :

Spouse's Name \_\_\_\_\_

Name(s) & Age(s) of Children: \_\_\_\_\_



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### CHURCH MEMBERSHIP

Name of Church:

Ministerial Status:  Under Care  Licensed  Ordained

Specific Denomination:

Do you plan to seek ordination to the pastoral ministry?

Yes

No

Unsure

Name of body granting this status:

### EDUCATIONAL BACKGROUND

(Applicant is responsible for making sure an official transcript from each school listed below is sent directly from that institution to our foundation.)

College:  From/To:  Degree:

College:  From/To:  Degree:

College:  From/To:  Degree:

### EMERGENCY CONTACT INFORMATION

Name:

Day Phone:

Relationship to you:

Evening Phone:



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  /   /  

**WHEN YOU RETURN THIS FORM, PLEASE ALSO  
ENCLOSE THE FOLLOWING ITEMS:**

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1. A copy of your driver's license or official identification with your application.
2. Transcript(s): An official transcript from each institution where 6 or more credit hours have been completed must be mailed directly to the email or address on the application.
3. References: Distribute the following forms to the appropriate references, instructing them to return the references directly to the email or address on the application.
4. Please list the names and phone numbers of the references below. You may also provide email addresses for references and we will send an email to them asking them to complete the reference.



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DATE OF REGISTRATION

  /   /  

NAME:

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1. Please write a paragraph describing your call to ministry and how you are currently serving in ministry.

2. Please write a paragraph generally describing your financial situation and financial need (you do not need to disclose specific salary figures).



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## Reference Form

Please return this form directly to the VANE office. Do not return this form to the applicant.

DATE OF REGISTRATION

 /  / 

### INSTRUCTIONS TO THE APPLICANT

Please complete the top section of this form before distributing the form.

Name of Applicant

has applied for the scholarship to the Vietnamese Alliance Northeast (VANE)

This statement of evaluation will be maintained in confidence by the VANE for scholarship consideration. Under the federal Family Education Rights and Privacy Act of 1974, students are entitled to review their records, including recommendations. You have the option to waive your right to access these records.

I waive my right to review this reference

I do not waive my right to review this reference

You have the option of granting permission for a representative of VANE to contact the reference directly concerning this recommendation.

I grant permission for contact

I do not grant permission for contact

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### INSTRUCTIONS TO THE REFERENCE

Please fill in the requested information as you feel qualified. Mail the completed form to the VANE office checked above. Thank you for your part in this important phase of the applicant's life.

How long have you known the applicant?

In what capacity and how well have you known the applicant? \_\_\_\_\_

What are the applicant's strengths and personal abilities? \_\_\_\_\_

List areas in which you feel the applicant may need help as a student. \_\_\_\_\_





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	Not Observed	Weak (Lower 25%)	Fair (Middle 50%)	Good (Top 25%)	Excellent (Top 10%)	Outstanding (Top 2%)
Leadership	<input type="checkbox"/>					
Interpersonal skills	<input type="checkbox"/>					
Physical health	<input type="checkbox"/>					
Marital relationship	<input type="checkbox"/>					

What degree of success in seminary school would you predict for the applicant?

Below average       Average       Above average       Superior

Please list any reasons why the applicant would be hindered in pursuing a theological degree.

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Please offer additional comments on the applicant's abilities for seminary studies.

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Overall, I recommend this applicant to Vietnamese Alliance Northeast (VANE):

With highest endorsement       With above average endorsement       With average endorsement

With the following reservation:

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# Reference Form

I do not recommend this applicant at this time

Your name (Please print): \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Institution: \_\_\_\_\_

Address \_\_\_\_\_

Daytime phone \_\_\_\_\_

Signature of reference \_\_\_\_\_