

**Albert and Gwendolyn Brookhouse Foundation
A Ministry of Rivers of Living Water
Student Scholarship Form**

Name: _____

Social Security Number: ____ - ____ - _____

Address:

Phone Number _____

E Mail Address _____

Major _____

Term Applying For: Fall 20____ Spring 20____ Summer 20____

Student Status: . Full-time . Part-time

High School Graduate

School _____ Year _____

Please list any academic and non-academic activities, clubs, and organizations to which you belong or have belonged to.

Honors, Recognitions, and Awards (High School, College, Community and Church)

Year received into membership at Rivers of Living Water _____

Ministry Helps or Positions Held at ROLW

Essay attached: Personal, Spiritual, Educational and Career goals. _____

Copy of letter of acceptance to college, university or trade school: _____

Transcript attached if applicable: _____