

AYM Scholarship Policy

AYM shall offer Scholarships to individuals under the following conditions:

AYM Board Of Director must have budgeted enough scholarship monies for the physical year that scholarships are offered.

Note: As a general rule AYM has 1/3 general rule; 1/3 from the student (fund raising efforts) 1/3 church , parents, etc, 1/3 AYM Scholarship.

Individuals applying for scholarship's must be no older then 18yrs of age at the time of application.

All scholarship request must be submitted on a AYM scholarship application form in a timely manner.

All scholarship applications must be approved by AYM/BOD or AYM/CEO if it falls under AYM.s Scholarship policies. Criteria for specific scholarship applicants may be adjusted by the AYM/BOD on an individual bases.

All scholarship monies must be directed to the program that the individual is applying for. Scholarship monies will not be directed to individual applicants.

Individual, may apply for an individual scholarship for a specific Christian based programs that falls under AYM's approval or AYM has associated with in the past.

Individuals that are not/or are involved in a specific church program, (home Schoolers) may apply for church summer camps, conferences, etc. The dollar limit for such programs is \$200 per student, \$600 per church max of \$200 per student.

AYM approved programs approved for scholarships.

- *Programs under the student leadership program/DDBS; Worldview Academy Camps , Teen Mission International,(note: Teen Mission program scholarships normally has a set AYM contributed amount.)
- * Internships (note: Internship programs normally have a set AYM contributed amount.)
- *Worldview programs and conferences
- *Church sponsored camps and conferences. (\$200 limit per student)
- *Christian programs approved on a individual bases by the AYM/BOD

AYM Scholarship Application

Name: _____ DOB _____ Date Submitted: _____

E-Mail _____

Address _____ City _____ State _____ ZIP Code: _____

Phone # Home _____ Cell # _____ TEXT (N__ / Y __)

Parents /Guardian Name: _____

Address (If different than above) _____ City _____ State _____ ZIP Code _____

Phone# Home _____ Cell _____ Text (Y __ N __)

E-mail Address _____

Name of Christian Based Program _____ or Student Leadership Program _____

type of Program (Camp, School, Mission Trip etc.) _____

Cost of Program _____ Address _____ City _____ State _____ ZIP Code _____

Contact Person Name _____ Position _____

Phone # _____ E-mail _____ Web-Site _____

Referred By _____ Position (Pastor/Youth Leader/ETC) _____

Organization/Church//Individual/ AYM Community Youth Group _____

Address _____ City _____ ZipCode _____ Phone# _____

Brief description on why you want to be involved in this program:

I attest that I am the Legal Parent or Guardian and have legal custody of the above youth.

Print Name _____ Signature: _____

Note: print out and mail to Agape Youth/Scholarship Program, P.O.Box 2145 Pinetop AZ 85935 or e-mail: download and attach to agapeyouth@agapeyouth.org

Office Use Only

Date Received _____ Name of AYM Official _____ Position _____

Date Reviewed by AYM Official _____ Name of AYM Official _____ Position _____

Date Reviewed by AYM BOD _____ Date: Approved, amount of Scholarship _____

Date: Denied _____ Reason Denied _____

Date Parent/Guardian Notified _____ Mail/ E-mail/Phone: _____

AYM Official Signature _____