



Vineyard Education Fund (VinEd) Scholarship Application Form

Instructions: Please complete all sections in block letters. Attach required documents and submit to your local Church Pastor or email to the church office. Incomplete applications may not be considered.

A. Applicant Information

Full Name: _____

Date of Birth (DD/MM/YYYY): _____

Nationality: _____

Mobile/WhatsApp: _____

Email: _____

Residential Address: _____

Church Membership ID (if any): _____

B. Family & Church Details

Parent/Guardian Name(s): _____

Relationship: _____

Local Vineyard Church Name: _____

Local Pastor's Name: _____

Pastor's Contact (Phone/Email): _____

Active Ministry Involvement (e.g., VinY, Choir, Ushering):

C. Academic Information

Current/Most Recent Institution: _____

Program/Grade/Year: _____

Aggregate/CGPA/Percentage: _____

Awards & Achievements: _____

Proposed Course/Program for Further Study: _____

Institution/University Admitted or Applied To: _____

Expected Start Date: _____

D. Financial Information (optional but recommended)

Annual Family Income (approx.): _____

Other Scholarships/Support (if any): _____

Estimated Tuition/Fees for the Year: _____

E. Personal Statement (200–300 words)

In your own words, describe your academic goals, your faith journey, how this scholarship will help you, and how you plan to serve your church/community.

F. Pastor's Recommendation (to be completed by local Church Pastor)

I confirm the applicant is a young adult member in good standing of our church and recommend them for the VinEd scholarship.

Comments: _____

Pastor's Name & Signature: _____ Date: _____

Church Seal/Stamp (if available): _____

G. Document Checklist (attach copies)

☐ Proof of Church Membership/Attendance

☐ Latest Academic Transcript/Marksheet

☐ Admission/Offer Letter (if available)

☐ ID/Passport copy

☐ Any certificates/awards (optional)

H. Declaration by Applicant

I declare that the information provided is true and complete. I agree to inform the church of any changes to the above details and consent to the use of my information for the purpose of scholarship assessment.

Applicant's Signature: _____ Date: _____

For Office Use Only

Received on: _____ Reviewed by: _____ Decision: _____

Amount Approved (if any): _____ Disbursement Date: _____

*"And ye shall teach them your children, speaking of them when thou sittest in thine house, and when thou walkest by the way, when thou liest down, and when thou risest up." —
Deuteronomy 11:19 (KJV)*