



Workers in God's Service

WinGS “Soaring Above All Odds” Scholarship Fund

Mission/Vision Statement:

Workers in God's Service, known as “WinGS” was organized for the development of ministry gifts of believers. “WinGS, Inc.” equips, encourages and enables men and women of God in preparation for service, leadership and the development of spiritual gifts for the fulfillment of their divine assignment. “WinGS” is an avenue to develop and enhance spiritual maturity and excellence through community outreach and service to Youth Correctional Facilities and Men's and Women's Prisons.

Purpose:

The purpose of the WinGS “Soaring Above All Odds” Scholarship Fund is to provide financial support to teens who are pursuing their career goals via additional education/training beyond high school. Our focus is for those who have had many obstacles to overcome and have been motivated to change their lives and to live their dreams.

Eligibility Requirements:

1. Must have received High School Diploma or General Education Development (GED) Certification of High School Equivalence.
2. Must be pursuing further study/skills: 1) at an accredited college or university; 2) at a trade school (i.e. computer, cosmetology, etc.) or 3) some other training/internship program.
3. Must provide proof of admission/acceptance to institution/agency/school/program.
4. Must be committed to a Christ-centered life.
5. Must be a member of WinGS Outreach and Worship Church.

Application Instructions:

Please complete the attached application form and have the reference form completed by someone who has known you in some capacity (i.e. a teacher, counselor, minister, etc.). **All forms should be completed in ink or typed and must be submitted to WinGS, Inc., Attention: Rev. Dianne T. Suggs, P. O. Box 51514, Durham, NC 27717 by June 1, 2024.** Late applications will not be accepted.



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APPLICATION

Personal Data

Name _____
Last First Middle

Home Address _____
Street City State Zip

Telephone _____
Home Cell

Date of Birth _____ Age _____ Gender _____ Social Security # _____

Educational Information

Current High School Name/City _____

Year in school _____ Dates of attendance _____ Anticipated date of graduation _____

Credits earned / required for graduation _____ GPA/scale _____

High School honors, extracurricular activities, leadership roles, etc. _____

Plans after High School _____

College _____ Intended Major _____ Anticipated start date _____

Work Experience/Volunteer Activities

Name/Address of Employer/Agency _____ Type of Work _____ Dates: From - To (month/year) _____

Name/Address of Employer/Agency _____ Type of Work _____ Dates: From - To (month/year) _____

Name/Address of Employer/Agency _____ Type of Work _____ Dates: From - To (month/year) _____

Miscellaneous Information

Church Affiliation (Name/City/Pastor) _____

Church Activities _____

Explain your personal aspirations and why you are deciding to pursue this career/field of study.

What obstacles have you overcome to make you best suited to receive this “Soaring Above All Odds” scholarship? _____

Explain how this scholarship will assist you in achieving career goals and assist with financial need.

Certification

I certify that all the information on this form is true and complete to the best of my knowledge. If asked by an authorized official of WinGS, Inc., I agree to give documentation for information given on this form. I realize that failure to comply with a request for further information may prevent me from being considered. All information on this form will be kept in strict confidence. In the event I am awarded the “Soaring Above All Odds” Scholarship, I agree to use these funds solely for the purpose of study as described herein and if not, I will return the funds to WinGS, Inc. I will report to WinGS, Inc. of my status/progress within 12 months of receipt of the scholarship, if awarded.

Applicant’s Signature

Date



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REFERENCE FORM

This form is to be completed by someone who can attest to your character, initiative and perseverance.

Applicant Name _____

1. How long and in what capacity have you known the applicant?

2. Please assess the applicant's ability and competence in comparison with other high school students whom you have known at similar stages in their academic careers.

	Below Average	Average	Above Average	Very Good	Out-standing	Exceptional	Inadequate Opportunity To Observe
a. General character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Ability to follow through on a project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Motivation/seriousness of purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Written and oral communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Self-reliance and initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Compatibility with career choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Strength of interaction with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Potential impact on society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please add any additional comments that would help in the evaluation of this applicant.

Signed _____ Date _____

Position or Title _____

Address _____

Telephone _____ Email Address _____