



180 Scholarship – Victory Leadership Network

Name of Student: _____

Student's Address: _____

City: _____ State: _____ Zip: _____

Student's Phone: _____ Student's Email: _____

Areas of Service in Sponsoring Ministry:

- 1. _____ 3. _____
- 2. _____ 4. _____

VLN Senior Pastor's Name: _____

VLN Church Name: _____

Church Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

For VLN Church to Complete

I, _____ Director of _____
(Senior Pastor's Name) (VLN Church Name)

recommend _____ to receive the 180 Church Scholarship granted
(Name of Scholarship Recipient)

by Victory College for the academic year _____ for 1st year studies at VC. This individual is a member in good standing in this ministry and he/she demonstrates Christian character, conduct and service in keeping with Biblical standards.

For Student to Complete:

I, _____ acknowledge that I am aware of the conditions of the Scholarship as listed below, and that failure to comply with said conditions will result in forfeiture of the scholarship.

- I commit to continue to serve at my sponsoring ministry while enrolled at Victory College for a minimum of one year after completion of studies at VC. If moving to Tulsa to attend VC, I agree to return to my sponsoring ministry for a minimum of one year to complete this commitment.
- I understand that the 180 Church Scholarship is good for a one-year period (2 semesters) and applies to first year VC programs only.
- I understand that I must maintain a minimum GPA of 2.0 and that failure to maintain this standard will result in immediate revocation of the scholarship award.
- I commit to apply myself to maintain the standards of my home church/sponsoring ministry and the VC Code of Honor in keeping with Christ-like character and conduct.
- I understand that this scholarship covers one-half of my first year tuition at VC disbursed in semesters. I agree to pay the remaining one-half of tuition due at the time of registration each semester, plus all applicable fees and books.

Signature of Student: _____

Date: _____

Signature of VLN Pastor: _____

Date: _____

Signature of VLN Rep: _____

Date: _____

Signature of VC Registrar: _____

Date: _____

Signature of VC Director: _____

Date: _____

Amount of scholarship \$ _____

Academic Year: _____