Never Let Go Ministries

**P.O. Box 79, Edgerton, OH 43517**

**Phone: 419-971-4791**

**Email:** **neverletgo.min@gmail.com**

[**www.neverletgoministries.com**](http://www.neverletgoministries.com)

Never Let Go Ministries **Memorial Scholarship Application**

 This scholarship is given in memory of Marjoe J. Gineman, who was a 1997 Edgerton High School graduate, but who ended up losing his battle of addiction to a drug overdose years later. We believe that every young adult makes choices that will shape their future, and possibly change, not only their life, but also their entire family forever. We hope that this scholarship will help the recipient to think of the consequences of every single choice they make in life. Experimentation, regardless of alcohol, or any type of drugs, can lead to devastation, or death.

 There will be three recipients chosen for an individual $500 scholarship this year of 2020.

**AMOUNT**: $500.00 each (a one-time scholarship)

**ELIGIBILITY:** Any Edgerton High School senior entering college, with a minimum 3.0 GPA, who can honestly state that they have remained alcohol and drug free throughout their school years, and who pledge to continue that lifestyle in college.

 It is also required to have an excellent attendance record for their school years, signed by guidance counselor or principal.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAYMENT DISTRIBUTION:** The scholarship will be paid directly to the institution of the recipient’s choice. The funds may be used towards fees, tuition, and books.

**APPLICATION DEADLINE:** April 1, 2020 in the guidance counselor office.

Never Let Go of God’s Hand

Never Let Go of the Courage to Say No

Never Let Go Ministries

**Memorial Scholarship Application Questions**

**Name:** Click here to enter text. **Birthdate:** Click here to enter text.

**Address:** Click here to enter text.

Click here to enter text.

**College you plan on attending**: Click here to enter text.

**Intended Major:** Click here to enter text.

1. Have you heard the “Never Let Go” presentation, and if so, how many times?

Click here to enter text.

1. Do you believe that hearing the personal testimony about making positive choices in life has helped you make better choices in your own life? Please explain your answer.

Click here to enter text.

1. How do you plan to “Never Let Go” of God’s hand or the courage to say no, concerning the temptations of alcohol/drugs as you enter into college?

Click here to enter text.

1. What tools do you plan to use that will enable you to make positive choices concerning the use of alcohol and drugs?

Click here to enter text.

1. If given the opportunity, will you become an advocate during your college years to promote a sober lifestyle?

Click here to enter text.

1. Have you ever been involved, participated, or organized a community outreach activity, and if so, please explain?

Click here to enter text.

1. If you meet someone whom you suspect could have an alcohol/drug problem, would you try to reach out to him or her, and in what way would you do that?

Click here to enter text.

1. Are you confident that you can be a good role model to other students as you enter college? What does it mean to you to be a good role model?

Click here to enter text.

1. In what ways do you believe you can help to promote Never Let Go Ministries mission statement in

 your own college community?

Click here to enter text.

Our mission statement is: “Never Let Go Ministries” will strive to create drug free communities by educating and bringing awareness, especially to our youth, of the deadly effects of alcohol and drug use, while also supporting family members and those in recovery.”

10. Why do you believe that we should choose you as the recipient of this scholarship?

Click here to enter text.

I, Click here to enter text, declare that I have remained alcohol and drug free throughout my school years, and I pledge to continue that lifestyle as I attend college.

To be completed by the counselor/principal

Number of days of school missed this year: \_\_\_\_\_\_\_\_ Counselor/Principal Verification: \_\_\_\_\_\_\_\_

Applicant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_