



Pentecostal Churches of the Apostolic Faith International, Inc.

# Elzie W. Young Scholarship

Sponsored by the International Youth Conference



This scholarship is named in honor of Bishop Elzie W. Young (1913-1989) who served as the presiding bishop of the Pentecostal Churches of the Apostolic Faith International, Inc. (PCAF), from 1964-1989. It is an annual award given to eligible first-time college students who have membership in the PCAF.

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**DEADLINE TO APPLY: JULY 15, 2022**

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## PREREQUISITES

To be eligible for the Elzie W. Young Scholarship, you must:

- Be a first-time college student under the age of 40
- Be baptized in the name of Jesus Christ and filled with the Holy Ghost
- Be a registered member of the Pentecostal Churches of the Apostolic Faith International, Inc.
- Be an active member in good standing with a PCAF church and its youth department
- Be an active member of the PCAF youth auxiliaries at the state and national levels

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## REQUIRED DOCUMENTS

1. Application (all pages of this document)
2. Letter of acceptance from the educational institution that you will be attending.
3. Letter of recommendation from your pastor
4. Headshot photo

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## INTERVIEW

Applicants will be interviewed on Monday, July 18, 2022 via Zoom. Interview times will be sent via email to applicants.

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## SUBMITTING THE APPLICATION

Email the application, required documents and headshot photo by July 18, 2022 to [pcfny@yahoo.com](mailto:pcfny@yahoo.com)

Elzie W. Young Scholarship  
**2022 Application**  
(Please print legibly)

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**IDENTIFICATION DATA**

Name \_\_\_\_\_  
FIRST MI LAST

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_  
AREA CODE

Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F  
MM DD YYYY

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**EDUCATIONAL DATA**

Student Status:  Fulltime  Part-time

Name of school you will be attending \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Field of study: Major \_\_\_\_\_ Minor \_\_\_\_\_

Graduation date: \_\_\_\_\_

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**CHURCH AND COUNCIL DATA**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Senior Pastor \_\_\_\_\_

PCAFI Council \_\_\_\_\_

PCAFI Council Youth Chairperson \_\_\_\_\_

# 2022 Application

(Please print legibly)

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## PERSONAL ACCOMPLISHMENTS

In each section below, provide information about leadership roles you have served in, and awards, recognitions, and honors you have received:

**In your church:**

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**In your community and/or on your job:**

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**At your school:**

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## PERSONAL STATEMENT

In the space provided, explain your reason(s) for applying for this scholarship:

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Elzie W. Young Scholarship  
**2022 Application**  
(Please print legibly)

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**SIGNATURES**

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APPLICANT'S SIGNATURE

DATE

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PASTOR'S SIGNATURE

DATE

**Scholarship office use only**

This scholarship request was  Denied  Awarded Amount \$ \_\_\_\_\_

Administrative signatures:

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Name

Title/Position

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Name

Title/Position

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Date