

Scholarship Application

Applicant's Name			
Home Address	Street		
	City	State	Zip
Mailing Address (check if same as above) <input type="checkbox"/>	Street		
	City	State	Zip
Phone Number			
Email Address:			
<input type="checkbox"/> I am a member of First Presbyterian Church and actively Involved in the life of the church <input type="checkbox"/> Other (when was the last time you attended a church service at First Pres) _____			
Are you related to anyone at 1 st Pres? Yes <input type="checkbox"/> No <input type="checkbox"/>	Who are they and how are you related? Name(s): Relationship:		
Name of School You Will Be Attending:	Start Date of Academic Year:	Current G.P.A.	
Location of School (full address)	Entrance: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Full-time Student <input type="checkbox"/> Part-time Student		
School Scholarship Office Address:	School Student ID# (if available):		

List any volunteer work/activities:	List outside of school activities:
Special Honors or Awards:	
Please describe your educational goals: [Attach a page if additional space is needed]	
Please provide your statement of faith (minimum 250 words): [Attach a page if additional space is needed]	