

## ADVANCED EDUCATION SCHOLARSHIP APPLICATION

**Applications must be received by May 1, 2018.**

Return completed form to:

[office@fpcrc.org](mailto:office@fpcrc.org) (preferred)

or to: Advanced Education Scholarship Committee  
First Presbyterian Church  
710 Kansas City Street  
Rapid City, SD 57701

### **CRITERIA FOR CONSIDERATION:**

1.
  - a. Member of First Presbyterian Church, or
  - b. Student's parent(s) or guardian(s) should be a member of First Presbyterian Church and;
2. Student should be planning to study in the College, Post-college or Vocational School environment.

## **Applicant Information**

---

Last Name

First Name

MI

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Parent's or guardian's name(s) (if not a member): \_\_\_\_\_

## **Most Recent School Attended**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Dates of Enrollment: \_\_\_\_\_

Degree/Certification: \_\_\_\_\_

Major/Program/Course of Study: \_\_\_\_\_

**School/Program for Scholarship**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

Academic Status (circle one):          Full time          Part time

Expected Graduation/Finish Date: \_\_\_\_\_

Major/Program/Course of Study: \_\_\_\_\_

**Personal Information**

1. What are your educational and career goals and objectives? Is there any way, besides the scholarship, that First Presbyterian Church can help you with these goals?

- 
2. Tell us about your faith journey and your life goals - your struggles and successes, your ups and downs. If there any way that First Presbyterian Church can help you with these?

- 
- 
3. How have you been involved in the life of our Congregation?

## References

List at least two (2) character references from outside the church staff.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Additional Information

On a separate sheet, please add any additional information that would be important to your request for a scholarship.

I certify that the information on this application is accurate.

Signature of Applicant

Date