

ADVANCED EDUCATION SCHOLARSHIP APPLICATION

Applications must be received by May 15, 2019.

Return completed form to:

office@fpcrc.org

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
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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.