

**FIRST PRESBYTERIAN CHURCH
MEMORIAL SCHOLARSHIP FUND APPLICATION
(APPLICANT MUST BE A STANLY COUNTY RESIDENT)**

SECTION I

Please complete and return this application by April 9, 2019. *Incomplete Applications and Applications received after this date will not be considered.* Return your completed application to:

Scholarship Committee
First Presbyterian Church
126 West N. Street
P.O Box 1578
Albemarle, NC 28002

PERSONAL INFORMATION

Name: _____
Last
First
Middle

Address: _____
City
State
Zip

Resident of Stanly County: Yes _____ No _____

Telephone: _____
Home
Work

Date of Birth: _____ Sex: Male _____ Female _____
Mo/day/year

SECTION II

EDUCATIONAL

List the High School from which you graduated and all colleges attended. Under S/Q hrs, list the number of hour of credit received and indicate whether they were semester(s) or quarter(Q) hours.

Circle the highest grade completed: *General Education* 9 10 11 12 GED *College* 1 2 3 4

SCHOOL	NAME AND LOCATION	DATES ATTENDED (m/y - m/y)	S/Q HOURS	GRADUATED?	GPA	CLASS RANK
High School						
College(s) or Univ.(s)						
Other						

College you plan to attend _____ Major _____

Have you been accepted? Yes _____ No _____

*CONTINUED ON BACK

SECTION III

EXTRACURRICULAR

List volunteer activities (school, church, community, athletic) for the past two years. Include all positions, offices held and number of years of participation.

SCHOOL	CHURCH	COMMUNITY	ATHLETIC
ex: Honor Society - Pres - 2yrs	Youth choir - 4 yrs	Starfly Manor - 1yr	Football - capt - 1yr

Do you attend church regularly? Yes _____ No _____ Are you a member? Y/N

SECTION IV

FAMILY FINANCIAL INFORMATION

Are you listed as a dependant on your parent(s)/guardian tax returns? Yes _____ No _____

If No, proceed to *PERSONAL FINANCIAL INFORMATION (Section V)*. If Yes, continue with Section IV and then move to *Cost/Contributions (Section VI)*.

Father's Name _____ (Guardian) Mother's Name _____ (Guardian)

Address _____ Address _____
 Occupation _____ Occupation _____
 Employer _____ Employer _____
 Annual Income _____ Annual Income _____

(Indicate guardian information if not living in parent's home).

List any other dependants in home.

Name	Age	Relationship

Housing: Family Owns _____ Rents _____
 Monthly Mortgage \$ _____ Monthly Rental \$ _____

Does your family own a business: Y/N
 Does your family own a farm: Y/N

Additional real-estate _____
 Amount of family savings _____ Checking Account _____
 Amount of student savings _____ Checking Account _____

List student current part-time job(s) _____ Hours per week _____

SECTION V

***Do not complete this section if you are listed as a dependent on your family/guardian tax return.**

PERSONAL FINANCIAL INFORMATION

Applicant's Name _____ Spouse's Name _____
Occupation _____ Occupation _____
Employer _____ Employer _____
Annual Income _____ Annual Income _____

List any dependants in your home

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Housing: Owns _____ Rents _____
Monthly Mortgage \$ _____ Monthly Rental \$ _____

Do you own a business: Y/N

Do you own a farm: Y/N

Additional real estate _____

Amount of savings _____ Checking Account _____

SECTION VI

***All applicants should complete this section.**

COSTS/CONTRIBUTIONS

College costs per year
Tuition/fees _____
Room _____
Board _____
Books/Supplies _____
Other expenses _____

Please estimate how much you and/or your family can contribute: _____

How much do you need in financial aid? _____

Have you completed the financial aid form (FAFSA)? Y/N

Please list any scholarships you have already won. _____

Have you applied for the First Presbyterian Church Memorial Scholarship before? Y/N

If yes, have you been a recipient? Y/N

SECTION VII

REFERENCES

Please list 3 references (other than family) including *at least one teacher or counselor*. Please have each reference complete one of the attached forms and have them return it to the Scholarship Committee as requested on the form. (Please supply your reference individuals with an envelope and stamp and remind them of the deadline.) **APPLICATIONS WITHOUT THESE THREE RECOMMENDATION FORMS WILL NOT BE CONSIDERED.**

Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____

SECTION VIII

GOALS

Briefly explain your educational and vocational goals and needs:

*Would you be available for an interview? (please circle one) YES NO

Signature _____

Date _____