

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

**SECTION I**

Please complete and return this application by April 20, 2020. *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	Stanly Manor -1yr	Football-capt.-1 yr

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:	Owens _____	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 \_\_\_\_\_