

SCHOLARSHIP APPLICATION
Memorial Presbyterian Church

Name _____

Address _____

Telephone _____ Email _____

Year of High School Graduation _____ High School _____

Which institution of higher education do you plan to attend? _____

Have you been accepted? Yes No (Circle one) For which term? _____

Will you be attending full-time: Yes No Have you been offered financial aid? Yes No

If "Yes" describe type of aid _____

Annual expected costs _____ Total resources available _____

Briefly describe the course of study you plan to pursue: _____

How would receiving this scholarship benefit you? _____

Describe your relationship to Memorial Presbyterian Church: _____

How did you find out about this scholarship? _____

Passing grades are necessary to retain this scholarship. For this reason, grade reports must be submitted to the scholarship committee at the end of each term. Do you agree to this requirement? Yes No

Signature of Applicant _____ Date _____