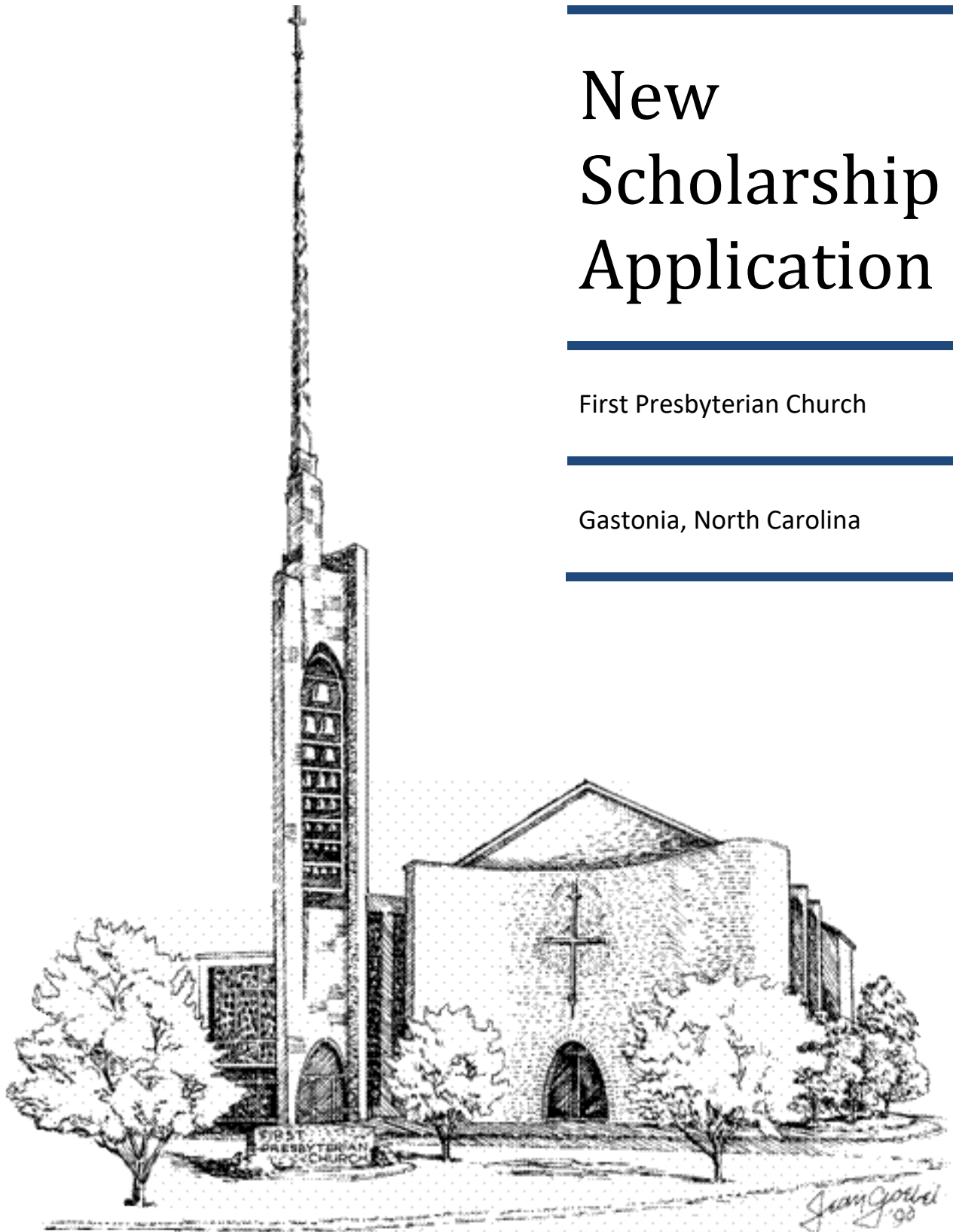

New Scholarship Application

First Presbyterian Church

Gastonia, North Carolina



The final closing date for filing this application and all supporting papers is May 1st of the year in which college attendance is contemplated.

Send application forms and information to:

First Presbyterian Church – Scholarship Committee

1621 East Garrison Boulevard

Gastonia, NC 28054

Scholarships will be awarded based on Financial Need, Christian Commitment, and Leadership. Scholarships will be awarded for colleges with curriculum leading to a degree in approved, accredited colleges and universities. Use of funds is restricted to tuition fees and related college charges, together with room, board, books, and other necessary expenses.

The Scholarship Committee of First Presbyterian Church Gastonia, NC will make selection of scholarship winners.

Revised 1.2024

New Scholarship Application

(Please print in ink.)

To: The Scholarship Committee
First Presbyterian Church
1621 East Garrison Blvd.
Gastonia, NC 28054

PERSONAL INFORMATION

Full Name: _____

Home Address: _____

Home Phone: _____

Date of Birth: _____

Place of Birth: _____

Part-time or summer work during the last two years:

Employer: _____

Address: _____

Dates of employment: _____

Capacity in which employed: _____

Average weekly earnings: _____

Employer: _____

Address: _____

Dates of employment: _____

Capacity in which employed: _____

Average weekly earnings: _____

List colleges to which you have applied and the estimated expense for the college year.

College	Expense
Choice 1 _____	_____
Choice 2 _____	_____
Choice 3 _____	_____

Breakdown of estimated expense above:

Tuition	\$ _____	Meal Plan	\$ _____
Housing	\$ _____	Books/Supplies	\$ _____

Amount I have or that is otherwise provided: \$ _____

Additional amount sought from the FPC Scholarship Committee: \$ _____

Do you intend to seek student employment while attending college? ___Yes ___No

Are you applying for an award or scholarship for the coming year from a source other than this grant? ___Yes ___No

If yes, specify source and amount: _____

If any scholarship is awarded after the date of this application, the First Presbyterian Church Scholarship Committee must be informed at once.

Preparatory or High School from which you will graduate:

Name: _____

Address: _____

Name of Principal: _____ Date of Graduation: _____

List Church and Youth Group Affiliations (such as Boy Scouts, Girl Scouts, Sunday School, YMCA, etc.)

Activity	Years of Participation	Offices Held	Award/Honor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list principal school activities (sports, publications, art, music, student government, clubs, etc.) in order of interest to you. (Indicate elected offices by an asterisk.)

Activity	Grade level of year participated	Approximate number of hours spent per week & number of weeks	Positions held or honors won
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Your Scholastic Achievement Test results:

SAT or PSAT: Verbal _____ Written _____ Math _____ Total _____ Date Taken _____

Class Rank: _____ of _____

Awards: _____

Probable college major: _____

Community Service Projects/Volunteer Work (i.e. hospital volunteer, elder care, etc.):

Agency	Kind of Work	Years Participated	Awards/Honors
<hr/>			
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What are your hobbies? _____

Please list three individuals, unrelated to you, that can be used as a reference:

Name	Address	Telephone

Please attach the following items before submitting this application to the Committee:

1. A snapshot or photograph of yourself.
2. Letter from the principal of your school or faculty member endorsing your candidacy.
3. Transcript of grades.
4. A statement, not more than one page, in your own handwriting of your ambition and reason for needing The Elizabeth Williams Robinson/John W. Parks, Sr./James G. Stuart/Earl & Mary Jackson Scholarship.

FINANCIAL STATEMENT

(To be completed by parents/guardians – ALL information will be treated confidentially.)

Parent 1 or guardian 1 full name: _____

Parent 1 or guardian 1 home address: _____

Parent 1 date of birth: _____

If deceased, give date: _____

Parent 1 business or occupation, if applicable: _____

Parent 1 Last year's gross income from occupation or other sources: \$ _____

Parent 2 or guardian's full name: (If applicable) _____

Parent 2 or guardian's home address: (If different from above) _____

Parent 2 date of birth: _____

If deceased, give date: _____

Parent 2 business or occupation, if applicable: _____

Parent 2 Last year's gross income from occupation or other sources: \$ _____

Number of persons dependent upon this income for support, including parents:

Number of children presently attending High School: _____

Number of children presently attending College: _____

Number of children presently attending Post Graduate School: _____

Approximate annual contribution by parents or guardians to the expense of children **presently** in college and high school: _____

The extent to which you expect to be able to assist this applicant: \$ _____

EXPLANATIONS/SPECIAL CIRCUMSTANCES (Use this space to explain any unusual expenses, educational and other debts, or special circumstances.)

Authorization

We certify that to the best of our knowledge, the information contained in this application and its attachments are correct and complete. We agree that the Scholarship Committee has our permission to verify it. THE APPLICANT WILL NOTIFY THE COMMITTEE OF ANY CHANGE IN FINANCIAL STATUS.

Signatures:

Applicant _____

Date _____

Parent or Guardian _____

Date _____