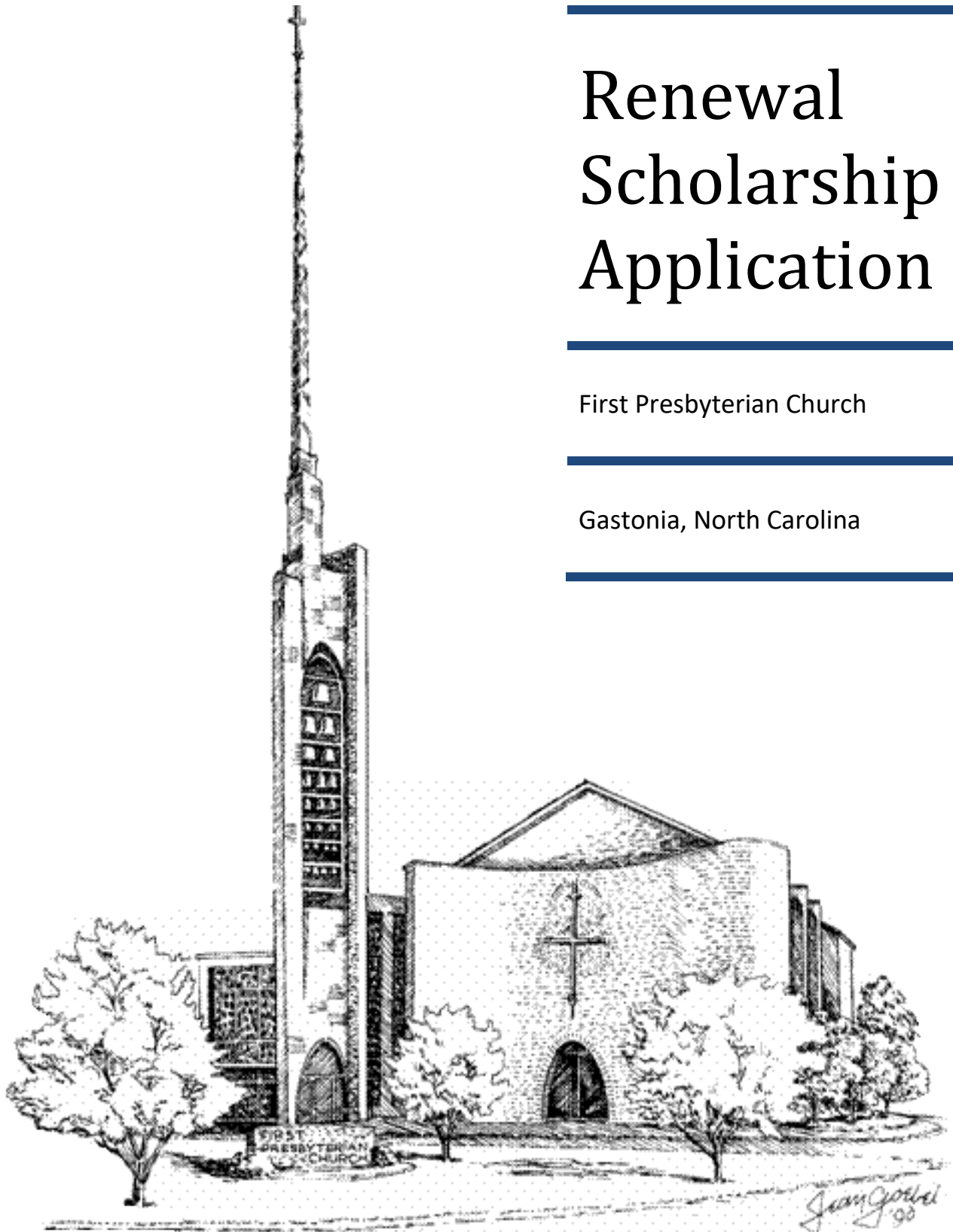

Renewal Scholarship Application

First Presbyterian Church

Gastonia, North Carolina



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 college selected 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.

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: _____

College Attending: _____

Expense Per Year: _____ Expected Graduation Date: _____

Breakdown of estimated expense above:

Tuition \$ _____ Meal Plan \$ _____

Housing \$ _____ Books/Supplies \$ _____

Year Applying For: Freshman _____ Sophomore _____ Junior _____ Senior _____

If anticipating transferring to another college this coming school year, name college and estimated expense for said college or university: _____

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.

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

Activity	Year	Approximate number of hours spent per week & number of weeks	Positions held or honors won

Probable college major: _____

Vehicle to be driven to college (year/make/model): _____

Automobile registered in whose name? Date of purchase? _____

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

Agency	Kind of Work	Years Participated	Awards/Honors
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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 and Mary Jackson Scholarship.

FAMILY INFORMATION (Brothers and Sisters):

Name: _____ Age: _____

Address: _____

College Attended: _____ Dates: _____

Occupation: _____

Name: _____ Age: _____

Address: _____

College Attended: _____ Dates: _____

Occupation: _____

Name: _____ Age: _____

Address: _____

College Attended: _____ Dates: _____

Occupation: _____

FINANCIAL STATEMENT

(To be completed by parent – ALL information will be treated confidentially.)

Parent’s or guardian’s full name: _____

Parent’s or guardian’s home address: _____

Father’s date and place of birth: _____

If deceased, give date: _____

Father High School, number of years completed: _____

College, number of years completed: _____

Father’s occupation, if applicable: _____

Father’s business address: _____

Mother’s date and place of birth: _____

If deceased, give date: _____

Mother High School, number of years completed: _____

College, number of years completed: _____

Mother’s business occupation, if applicable: _____

Mother’s business address: _____

Parents’ current marital status: () single () married () separated

() divorced () widowed

Last year’s gross income earned from work by father: \$ _____

Last year’s gross income earned from work by mother: \$ _____

Child support received for all children: \$ _____

<u>Parent's Assets</u>	What is it worth now?	What is owed?
Cash, savings & checking accounts	\$ _____	\$ _____
Home (renters write in -0-)	\$ _____	\$ _____
Other Real Estate (include rental property, second or summer homes)	\$ _____	\$ _____
Investments	\$ _____	\$ _____
Business	\$ _____	\$ _____
Life Insurance	\$ _____	\$ _____
Other indebtedness (including time payments)	\$ _____	\$ _____

Memberships: () Gaston Country Club () Cramer Mountain () The City Club
 () Gastonia Debutante Club () Southampton () Other

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 you to the expense of children now in college and high school: _____

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

Our family financially supports the First Presbyterian Church: _____ Yes _____ No

DIVORCED, SEPARATED, OR REMARRIED PARENTS (To be answered by the parent who completed this form, if the student's natural or adoptive parents are divorced or separated.)

Year of separation: _____ Year of Divorce: _____

Other Parent's name: _____

Home Address: _____

Occupation/Employer: _____

According to court order, when will support for student end? _____

Who claimed student as a tax exemption for last year? _____

Is there an agreement specifying a contribution for student's education? ___Yes ___No

If Yes, how much for the next school year? _____

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 _____