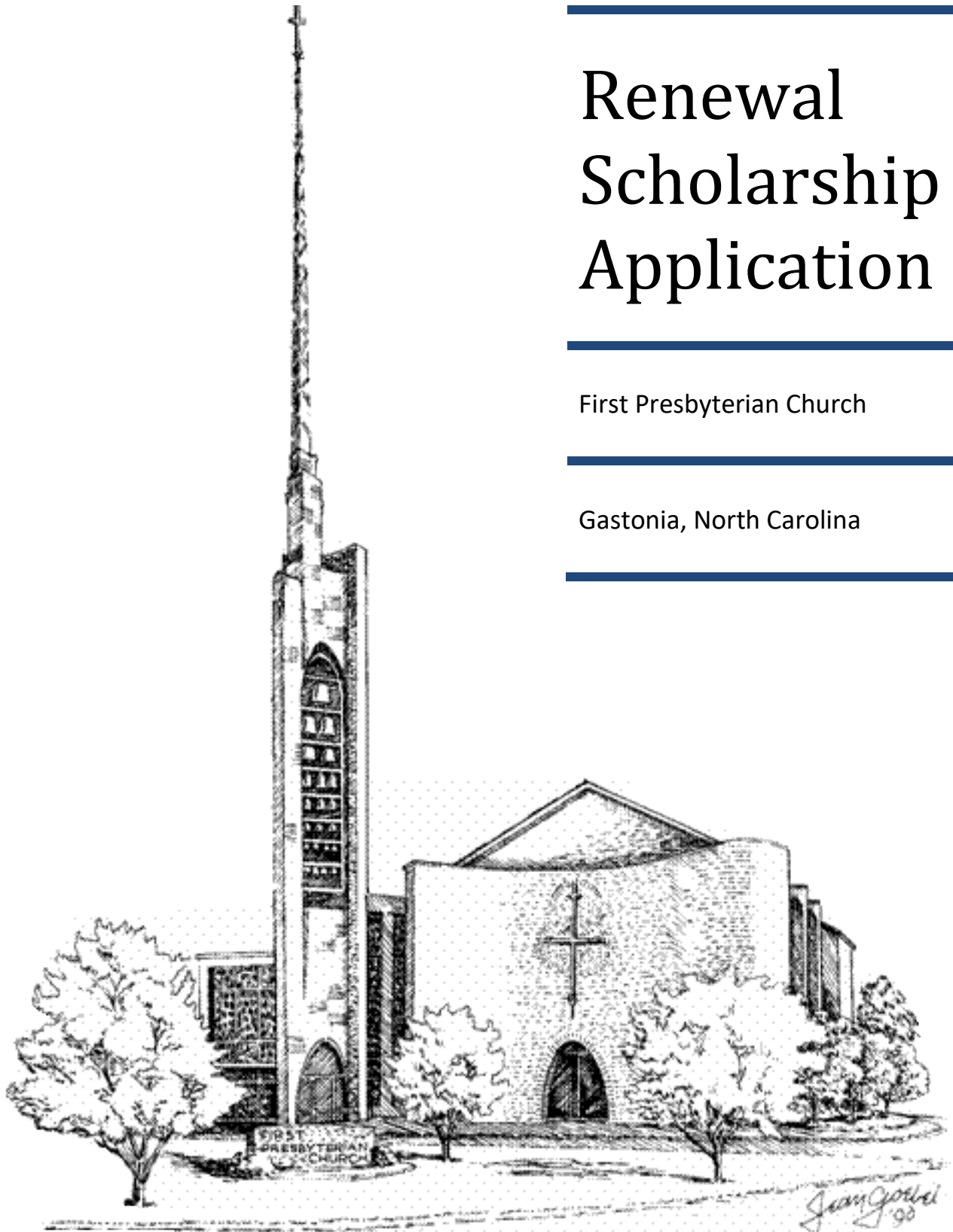

Renewal Scholarship Application

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 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 1.204

Renewal Scholarship Application

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: _____

Major Course of Study: _____

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

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

Agency	Kind of Work	Years Participated	Awards/Honors

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.

FINANCIAL STATEMENT

(To be completed by parent – 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 2 full name: (If applicable) _____

Parent 2 or guardian 2 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 or guardians:

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 the 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 _____