

## **ROBERT AND JOAN WOOD SCHOLARSHIP APPLICATION**

1. Applicant Name:	2. Tel. No.:
3. Home Address:	
4. If applicant is a dependent:	
Father or Guardian's Name:	
Home Address:	
Occupation:	
Mother or Guardian's Name:	
Home Address:	
Occupation:	
Number of siblings:	
5. College or School you will attend:	
6. Current major or major you intend to study:	
7. Will you commute?	
8. Average total cost of one year at the college/school: \$	
9. Number of immediate household members (including applicant) who is currently attending post-secondary school:	
10. If there are any extenuating family circumstances, which the Scholarship Committee should consider, please briefly explain on the reverse of this application.	
11. Have you presently received notification of any Awards, Grants, Scholarships?	
Yes _____ No _____ If yes, amounts:	
Grants: \$	Work Study: \$
Scholarships: \$	Low Interest Loans: \$
Awards: \$	Other: \$
12. Please list any volunteer work you have done within your community, church, or elsewhere:	
13. Please attach a one-page essay explaining why you have chosen your intended field of study.	
Applicant's Signature: _____ Date: _____	

***Applicant must be a member of this church and pursuing a nursing or ministry degree.***

Please return your completed application to The United Church of Christ, 496 Main Street, Medfield, MA 02052, Attention: Missions Team

04/10