

APPLICATION FOR SCHOLARSHIP

Faith Presbyterian Church |

Baytown Texas

Student's Full Name _____

Student's Address _____
Street City Zip

Telephone _____ Date of Application _____

Father's Name _____

Mother's Name _____

High School Attended (Grades 9-12) _____

Date of Graduation _____

Are you presently employed? YES () NO ()

What is your history of employment? _____

COLLEGE PLANS

Name of College you plan to attend _____

How many semester hours have you already earned? _____

Do you plan to be a full time student (12 semester hrs or more) YES () NO ()

What do you plan to study? _____

What career do you plan to follow? _____

What are your personal and/or educational goals? _____

Please attach to this application a copy of your grades from the last high school or college reporting period.

Return this form and the grade sheet to the Church office before the deadline.

Chairperson

Date Application Received