



Name: _____

Scholarship Program

The purpose of the First Presbyterian Church Scholarship is to provide financial aid to members of First Presbyterian Church and their children who need assistance to attend college.

These scholarships are based on need, but grades, involvement in First Presbyterian Church and the community will also form the basis for receiving the scholarship. The amount of money available is very limited and is awarded on a yearly basis.

A completed application, including the items listed below must arrive no later than May 31 at:

First Presbyterian Church
Attn: Scholarship Ministry Team
171 Market Street
Lexington, KY 40507

- High School Seniors- Most recent High School Transcript
- Undergraduates- Transcript from past two years of study (HS or college)

First Presbyterian Church Scholarship Application

Name: _____ Date _____/_____/_____
Address _____ Birth date: _____/_____/_____ Age: _____

SS# _____ - _____ - _____ Sex: _____

City State Zip Telephone: _____

High School Attended: _____ Year of HS Graduation _____

For High School Seniors Only:

SAT score _____ ACT Score _____ Class Rank _____
Number Advance Placement classes taken _____ Cumulative GPA weighted _____ unweighted _____

For Undergraduates:

Dates	Schools attended after High School	Cumulative GPA
_____	_____	_____

Please provide a transcript of your grades.

School you plan to attend: _____

Have you been accepted? _____

Is this school a _____ 2 year college _____ 4-year College _____ Vocational _____ Other

Planned course of study or major: _____

Certificate or degree you expect to earn: _____

Expected date of graduation: _____/_____/_____

Name and address of college (or institution where check is to be sent: _____

Date college needs check: _____/_____/_____

Parents/Guardian if dependent: (Spouse if married):

Father: name: _____ living/ deceased (circle one)

Occupation: _____ Employer: _____

Mother: _____ living/ deceased (circle one)

Occupation: _____ Employer: _____

Total annual income: _\$ _____

Federal income tax paid by parents or guardians last year: _\$ _____

Parents' home address: _____

_____ Telephone: _____

Names and ages of siblings living at home: _____

List siblings attending college next year and colleges they will be attending _____

Your occupation: (include part time and summer jobs) _____

_____ Employer: _____

Total annual income: _\$ _____

Spouse: (If applicable) _____ living/ deceased (circle one)

Occupation: _____ Employer: _____

Total annual income: _\$ _____

Federal income tax paid by you and/or your spouse last year: _\$ _____

If you own a car, list make, model and year _____

Monthly payments: _\$ _____ Balance due on car loan: _\$ _____

List any debts or outstanding financial obligations you have, including loans already received for your education.

Name of Creditor	Address	Amount	Due Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Estimate costs and resources for the upcoming school year:

Costs:

- Tuition & required fees \$ _____
- Books, instructional equipment & materials \$ _____
- Board (or food) \$ _____
- Room (or rent) \$ _____
- Clothing \$ _____
- Transportation for commuting students \$ _____
- Personal (haircuts, cosmetics, recreation, etc.) \$ _____
- Health insurance premiums \$ _____
- Health (medical, dental, medications) \$ _____
- Automobiles (operating expense, payments, parking, etc.) \$ _____
- Additional payments (Loans, credit card payments, etc.) \$ _____
- Additional costs (itemize on separate sheet) \$ _____
- TOTAL COSTS: \$ _____

Resources:

- Parents or guardians \$ _____
- Relative or other individuals \$ _____
- Employment
 - Part-time \$ _____
 - Full-time \$ _____
 - Summer \$ _____
- Savings \$ _____
- G.I. benefits (or other government programs) \$ _____
- Other loans (specify _____) \$ _____
- Grants \$ _____
- Scholarships (specify _____) \$ _____
- All other sources (specify)
 - _____ \$ _____
- TOTAL RESOURCES \$ _____

EXPECTED DEFICIT \$ _____

1. List honors, achievements, and leadership positions of the past four years.

2. List activities and services in which you have participated during the past four years.

Church

School

Community

3. Is there any other information you want the scholarship ministry team to consider?

I hereby state that the information I have supplied in this application for financial assistance is true and correct to the best of my knowledge.

I also hereby state that I do not object to the release of my academic record to anyone concerned with the evaluation of the merits of my application.

Date

Signature of Applicant