

SCHOLARSHIP APPLICATION
AVIS KEMP Scholarship / OLSON Scholarship

First Congregational Church
19 Church Road, Shrewsbury, Massachusetts 01545

Name: _____ Date: _____

Address: _____ Phone: _____

Your Age: _____ Email Address: _____

Number of Brothers and Sisters: _____ Ages: _____

Number of Children: _____ Ages: _____

1. Are you a member of the First Congregational Church of Shrewsbury? Yes No
Note: You must be a member to be eligible for this scholarship

2. Have you been awarded this scholarship in the past? Yes No

When? _____ What was the amount? _____

3. Please give us an idea of your community, church, and/or recognized school activities.
How do you feel these activities make you deserving of the scholarship?

4. Please explain your future plans and goals as it relates to the use of this scholarship.

5. Please note any other information you'd like us to consider.

This APPLICATION FORM, accompanied by TWO *PERSONAL RECOMMENDATIONS
must be returned by 2:00 p.m. on Thursday, April 20th.
First Congregational Church, 19 Church Road, Shrewsbury MA 01545
or email to: office@fccsm.org

*One recommendation must be an individual from First Congregational Church,
the person with whom you are most closely associated here-- i.e. one of the Ministers,
Sunday School Superintendent, Director of Christian Education, etc.