

**APPLICATION FOR MARGARET PARK SCHOLARSHIP**

Please print in ink

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

PERMANENT ADDRESS \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

PHONE (DAY) \_\_\_\_\_ (EVENING) \_\_\_\_\_

CELL PHONE# \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

CHURCH MEMBERSHIP \_\_\_\_\_

SEMINARY \_\_\_\_\_ YEAR: MIDDLE \_\_\_\_\_ SENIOR \_\_\_\_\_

AMOUNT REQUESTED \_\_\_\_\_

EST. EXPENSES FOR SCHOOL YEAR \$ \_\_\_\_\_ EST. INCOME FOR SCHOOL YEAR \$ \_\_\_\_\_

Tuition	\$ _____	Seminary Scholarships / Grants	\$ _____
Books	\$ _____	Other Scholarships/Grants/Awards	
Housing	\$ _____	Loans Outstanding	\$ _____
Food	\$ _____	Personal Earnings	\$ _____
Clothing	\$ _____	Spouses Earnings	\$ _____
Transportation	\$ _____	Aid from Family	\$ _____
Contribution to local church	\$ _____	Savings	\$ _____
Other (Itemize)	\$ _____	Aid from Home Church	\$ _____
	\$ _____	Other (Itemize)	\$ _____
	\$ _____		\$ _____
Total	\$ _____	Total	\$ _____

MARRIED (YES \_\_\_\_\_ No \_\_\_\_\_) NUMBER OF DEPENDENT CHILDREN \_\_\_\_\_

IF A FIRST-CALL PASTOR:  
DATE OF GRADUATION \_\_\_\_\_ LOCATION OF CALL \_\_\_\_\_

Privacy Statement: The information on this form will be used only by the Margaret Park Memorial Scholarship Fund Committee and will not be shared with any other committee or person.

By signing below, you certify that all information provided is accurate and complete to the best of your knowledge.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please Return to: Eastminster Presbytery  
P.O. Box 316  
Mineral Ridge, OH 44440

**APPLICATIONS MUST BE POSTMARKED BY April 5, 2010**