

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 \$ _____

Books \$ _____

Housing \$ _____

Food \$ _____

Clothing \$ _____

Transportation \$ _____

Contribution to local church \$ _____

Other (Itemize) \$ _____

\$ _____

\$ _____

Total \$ _____

Seminary Scholarships / Grants \$ _____

Other Scholarships/Grants/Awards _____

Loans Outstanding \$ _____

Personal Earnings \$ _____

Spouses Earnings \$ _____

Aid from Family \$ _____

Savings \$ _____

Aid from Home Church \$ _____

Other (Itemize) \$ _____

\$ _____

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 3, 2012