

DEACONS' CONFERENCE OF RICMOND AND VICINITY

APPLICATION FOR SCHOLARSHIP

ALL INFORMATION MUST BE COMPLETE.
PLEASE PRINT OR TYPE.

NAME _____ S.S. # ____/____/____
Last First Middle

HOME ADDRESS: _____
City State Zip

PHONE () _____ DATE OF BIRTH _____
Month Day Year

PARENT'S NAME: FATHER _____ MOTHER _____

PARENT'S OCCUPATION: FATHER _____ MOTHER _____

PLACE OF EMPLOYMENT: FATHER _____ MOTHER _____

INCOME OF BOTH: FATHER _____ MOTHER _____

NUMBER OF OTHER CHILDREN IN THE FAMILY: _____

NAME AND ADDRESS OF HIGH SCHOOL: _____

GRADE POINT AVERAGE _____ CURRICULUM FOLLOWED: _____

EXTRA CURRICULAR ACTIVITIES: _____

GRADUATION DATE: _____

NAME AND LOCATION OF CHURCH: _____

_____ City State Zip

CHURCH RELATED ACTIVITIES: _____

COLLEGE YOU PLAN TO ATTEND: _____

ADDRESS: _____

_____ City State Zip

ACCREDITED: YES _____ NO _____

HAVE YOU COMPLETED AN APPLICATION? _____ HAVE YOU BEEN ACCEPTED? _____

MAJOR: _____ MINOR: _____

TWO OR FOUR YEAR PROGRAM? _____

WILL YOU RECEIVE FINANCIAL AID FROM THE COLLEGE OR OTHER SOURCE? YES _____ NO _____

IF SO, GIVE THE NAME/TYPE AND AMOUNT OF AID TO BE RECEIVED:

_____ \$

_____ \$

_____ \$

BRIEFLY STATE YOUR PHILOSOPHY OF LIFE INCLUDING YOUR REASONS FOR FURTHERING YOUR EDUCATION: _____

DATE COMPLETED _____

APPLICANT'S SIGNATURE

TO BE COMPLETED BY SCHOOL OFFICIAL ONLY

Date student will graduate: _____ Overall scholastic average _____

Brief statement of student's character, integrity, citizenship and other information that may be helpful in determining applicant need for scholarship. _____

If you have any questions, please contact the Scholarship Chairperson, Deacon Myrtle Spurlock at 232-2579.

Signature _____ Title _____ Date _____

Deadline April 27, 2009