**SCHOLARSHIP APPLICATION**

First Associate Reformed Presbyterian Church

16 N. Third Street, Lake Wales, Florida 33853

Fax: 863-676-7793

office@fpclw.org

Scholastic Year: Fall 2020– Spring 2021

**Due Date: On or before** February 29, 2020

**Return to:** Church Office

**PLEASE TYPE OR PRINT CLEARLY**

Date: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_

E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Skype User Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone number (\_\_\_\_\_\_) -\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ other (\_\_\_\_\_\_\_) -\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best way or time to contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major: (if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you a member of the First Presbyterian Church of Lake Wales? \_\_\_Yes \_\_\_No

(If **NO** for question 1, please contact Reverend Chad Reynolds before continuing with the application)

2. Do you plan to attend Erskine College? \_\_\_Yes \_\_\_No

3. Do you plan to attend one of the Christian Colleges listed in the Council for Christian Colleges and Universities at <http://www.cccu.org/members_and_affiliates> \_\_\_\_Yes \_\_\_\_No

4. Has your college been determined CCCU-equivalent in a previous application year by the Scholarship Committee? \_\_\_Yes \_\_\_No

**IF YOU ANSWERED NO TO QUESTIONS 2, 3, AND 4 PLEASE CONTACT Mary Benner BEFORE COMPLETING THE REMAINDER OF THIS APPLICATION. YOU WILL NEED TO PROVIDE EVIDENCE THAT YOUR CHOSEN COLLEGE MEETS CCCU-EQUIVALENT CRITERIA.**

5. Will you be a \_\_\_freshman \_\_\_sophomore \_\_\_\_junior \_\_\_senior?

6. How have you benefitted from your church family and what values have they instilled in you? Has anyone in particular helped you become the person you are today?

7. Why have you decided to attend a Christian College?

8. Describe your relationship with Christ. Describe how you have served him this past year and how you will serve him in the future.

*Please use a separate piece of paper to elaborate on questions 6-8*

**SCHOLARSHIP PROGRAM**

First Presbyterian Church

16 N 3rd Street

Lake Wales, Florida 33853

Scholastic Year: Fall 2020– Spring 2021

**Purpose**

The Scholarship Committee is appointed by the Session and commissioned to oversee a program within the church whereby scholarship funds are collected, maintained and distributed to deserving college students.

**Character of distribution:**

Distribution made under the scholarship program will be in the form of grants.

(Revised by the Session on January 27, 1998.)

**Criteria for Eligibility**

1. A candidate for scholarship **must** be a member of the First Presbyterian Church of Lake Wales and will be interviewed annually by the Scholarship Committee.
2. A candidate for scholarship **must** attend Erskine College OR one of the Christian Colleges listed in the Council for Christian Colleges and Universities at <http://www.cccu.org/members_and_affiliates> OR must provide evidence that the chosen Christian college is CCCU-equivalent based on the criteria listed at the address above. Determination of CCCU Equivalency will be made at the Scholarship Committee’s sole discretion.
3. A candidate for scholarship **must** be intent on leading a life devoted to Christ.
4. A candidate for scholarship **must** complete the financial aid work sheet, thereby demonstrating a need for financial assistance.
5. A candidate for scholarship **must** provide the committee a copy of his/her fall semester grades and a copy of his/her spring semester classes. (Both High School and College students **must** supply grades and schedules before funds will be disbursed)
6. A candidate for scholarship **must** complete their application **themselves** in its entirety and have his/her application to the church office by the deadline.

**Late applications will not be reviewed.**

**Contact with scholarship committee:**

A candidate for scholarship is expected to appear before the scholarship committee. If needed, a phone interview may be conducted.

A candidate for scholarship will acknowledge his/her scholarship acceptance in writing **a)** upon award of scholarship and **b)** upon receipt of scholarship.

**Scholarship committee:**

Rev. Chad Reynolds-Senior Minister, Shane Miller – Director of Youth, Mary Benner, Sue Dolan, Aaron Nelson, Randy Portwood and Barbara Sebring

Scholastic Year: Fall 2020– Spring 2021

Date Received by Church Office: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_

Financial Aid worksheet

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated college expenses for the 2019-2020 school year:

|  |  |
| --- | --- |
| Tuition -----fall semester | $ |
| -----spring semester | $ |
| Room & Board -----fall semester | $ |
| -----spring semester | $ |
| Fees -----fall semester | $ |
| -----spring semester | $ |
| Books -----fall semester | $ |
| -----spring semester | $ |
| TOTAL | $ |

Anticipated revenue and sources of income for the school year:

|  |  |
| --- | --- |
| Florida Bright Futures -----fall semester | $ |
| -----spring semester | $ |
| FRAG -----fall semester | $ |
| -----spring semester | $ |
| Grants -----fall semester | $ |
| -----spring semester | $ |
| Scholarship -----fall semester | $ |
| -----spring semester | $ |
| Scholarships -----fall semester | $ |
| -----spring semester | $ |
| Scholarship -----fall semester | $ |
| -----spring semester | $ |
|  |  |
| Student loans | $ |
| Employment | $ |
| Parent contribution | $ |
| Other (explain) | $ |
| total | $ |

Anticipated shortfall for the year: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rev. 12/2015