STATE COLLEGE PRESBYTERIAN CHURCH

132 W. Beaver Avenue State College, PA 16801 814-238-2422

Dorothy Perkins McGeary Memorial Scholarship Fund Application

Please complete and return to the Church Office, attention: Director of Education and Program

Name First	Middle	Last	S.S.#
Permanent Hom	e Address		
School Address			
Home Phone _		Day	
Your home chui	rch		
Pastor of your c	hurch		
High School Attended Name			Location
Post High Schoo	ol Education		
Name of Institut	ion	Dates Attended	<u>Degree</u>
Which college o	r seminary are yo	u enrolled in?	

10.	Amount of money you would like to request (Be honest, reasonable, and ask for what you need) If we are able to give you a			
	scholarship, we like to mail funds directly to the seminary when possible.			
11.	Please list any scholastic honors received during high school and college years:			
12.	Please list extracurricular activities you are currently involved in.			
13.	List work experience or attach a resume.			
14.	Please list the names and amounts of all financial aid you are currently receiving or expect to receive for the upcoming academic year. Include scholarships, grants, fellowships and student loans.			
15.	On a separate sheet of paper please address the following three questions in a BRIEF paragraph for each so that our selection committee will have a greater understanding of who you are, your aspirations, and your current need.			
	A. What are your aspirations and dreams at this point in your life?			
	B. What experiences, if any, have you had that have influenced your current career goals?			
	C. Please provide a statement as to the specific use of a grant from our scholarship fund (housing, tuition assistance, books, etc.)			
16.	If you are awarded a grant from this fund, we would like to have your signature indicating permission for that information to be publicized.			
	Signature			
	Thank you.			
	Education Ministry Unit State College Presbyterian Church 2003			