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| **GRADUATE SCHOLARSHIPAPPLICATION****2022-2023****This form is for students who have previously received an** **undergraduate scholarship from First Presbyterian Church.** (*Please* ***PRINT*** *Legibly)* | Please attach picture |

**Personal Information**

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

Home Address:

 *Street City State Zip*

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) or Guardian(s) Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(’s) Address (if different from above):

Street City State Zip

Parent(‘s) Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent(‘s) Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you married? \_\_\_\_\_\_ Spouse’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Church Membership Information**

Are you a Member of this Church? Yes, since (year): \_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_

How long have you been attending this Church?

Are you a member of another Church?

Name of Church:

Your Church Attendance: Most Every Sunday Once or Twice Monthly Quarterly

*(on average)* Special Occasions Never

Are your parents members of this Church? Yes, since (year): \_\_\_\_\_\_\_ No: \_\_\_\_\_\_

If no, are they a member of another Church? Name of Church:

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**Graduate School Information**

Name of Graduate School: City/State:

Graduate School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Graduate Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fall 2022 Classification (please circle): 1st Year 2nd Year 3rd Year Other \_\_\_\_\_\_

Are you attending full time or part time (as defined by your Graduate Program)? \_\_\_\_\_\_\_

How many years in your Graduate Program if you attend full time \_\_\_\_\_\_\_ part time \_\_\_\_\_\_

Expected Graduation Date:

Credit Hours Required for Graduation: \_\_\_\_ Credit Hours Completed Thus Far: \_\_\_\_\_\_ Cumulative GPA \_\_\_\_

Personal Address where you will live while in Graduate School in the Fall of 2022:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Street City State Zip*

**Other Information**

Name of Undergraduate College or University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Graduation: \_\_\_\_\_\_\_\_

Please attach a copy of your diploma to this application (first year applicants only).

Are you planning to work while attending Graduate School? Yes: \_\_\_\_\_ No: \_\_\_\_\_\_\_

If so where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How many hours per week? \_\_\_\_\_\_ What is the tuition per year? \_\_\_\_\_\_\_\_

Graduate Students are encouraged to seek and apply for available and additional scholarships and/or grants. Please

 list any additional sources of income, financial aid and scholarships you anticipate for the coming year.

Please include the expected amount and source for all aid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statement of Affirmation and Signature**

I am applying for a First Presbyterian Church of Fort Lauderdale Graduate Scholarship for the 2022-2023 Academic Year. I affirm that all information and statements provided by me in this application are true and correct. I understand that failure to provide a complete application, including all requested materials and documentation, by the designated application deadline will disqualify me from further consideration for a 2022-23 scholarship. Moreover, I under­stand that any false or misleading information and/or statements will disqualify me from further consideration for a scholarship. I understand that my application materials will be held confidential by the First Presbyterian Church Scholarship Team. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the First Presbyterian Church of Fort Lauderdale Scholarship Program.

Applicant: Date:

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**Current Religious Involvement**

To help the committee better evaluate your current involvement in church/graduate/campus benevolent organizations, please answer the following question:

 *Tell us about your current spiritual discipline(s) and how you are growing in your faith.*

**Comments/Special Circumstances**

*All applicants are asked to note here anything else you want the Scholarship Team to know in considering your scholarship application. Please include employment, activities, goals and aspirations.* *(Please use additional paper if needed.)*

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