

# MEMORIAL SCHOLARSHIP APPLICATION

## First Presbyterian Church Scholarship Albemarle, NC

**Application** – This application must be received by First Presbyterian Church no later than April 7, 2025. Incomplete or late applications will not be considered. Please note that being a resident of Stanly County is a requirement for all scholarship winners. An application may be submitted as follows:

- Electronically by email to [fpcscholar1578@fpcalbemarle.org](mailto:fpcscholar1578@fpcalbemarle.org) **\*NEW EMAIL\***
- Delivering it to the church office located at 126 W. North Street or  
Mailing it to First Presbyterian Church at the following address:  
Scholarship Committee  
PO Box 1578  
Albemarle, NC 28002

### Personal Information – Please type or print

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

Full Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a resident of Stanly County? Yes \_\_\_\_\_ No \_\_\_\_\_

Telephone (with area code) Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of birth (MM/DD/YYYY): \_\_\_\_\_

Race: Caucasian \_\_\_\_ African American \_\_\_\_ Hispanic \_\_\_\_ Asian \_\_\_\_ Multi-Racial \_\_\_\_ Other \_\_\_\_

**Education** – Circle highest grade completed to date: High School 10 11 12 College 1 2 3 4

Complete as applicable (school name and address):

High School:

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

College:

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

Dates Attended: \_\_\_\_\_ - \_\_\_\_\_

Dates Attended: \_\_\_\_\_ - \_\_\_\_\_

Graduated: Yes \_\_\_\_\_ No \_\_\_\_\_

Graduated: Yes \_\_\_\_\_ No \_\_\_\_\_

GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_

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If in HS, college you plan to attend: \_\_\_\_\_

Major: \_\_\_\_\_

Have you been accepted? Yes \_\_\_\_\_ No \_\_\_\_\_

**Extracurricular Activities** – Please list your volunteer activities (School, Church, Community, Athletic) for the last 3 years. Include in any awards, leadership positions, and the number of years of participation. (Example: National Honor Society, 11<sup>th</sup> and 12<sup>th</sup> grades, President of NHS 12<sup>th</sup> grade)

Do you attend church regularly? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you a member? Yes \_\_\_\_\_ No \_\_\_\_\_  
Church name: \_\_\_\_\_

**Work and Family Responsibilities** – Please list your work and/or any essential family responsibilities. For jobs, include the business name, hours worked per week and job title. For essential (and significant) family responsibilities, include your list tasks, the individuals for which you provide care and the hours that you work per week in this role.

**Family Financial Information**

Are you listed as a dependent on your parents' tax returns? Yes \_\_\_\_\_ No \_\_\_\_\_

What is your parents' approximate annual income? \_\_\_\_\_

If No, please skip this section and proceed to the PERSONAL FINANCIAL INFORMATION section.

If Yes, provide the information below:

Father's name: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Or Guardian's name: \_\_\_\_\_

Full Address: \_\_\_\_\_

\_\_\_\_\_

As applicable, please list parent's or guardian's work information.

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Please list number of dependents in the household: \_\_\_\_\_

Parent or Guardian Housing: Own \_\_\_\_\_ or Rent \_\_\_\_\_

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**Personal Financial Information** – Do not complete if you are listed as a dependent

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

What is your approximate annual income? \_\_\_\_\_

Please list number of dependents in your household: \_\_\_\_\_

Your Housing: Own \_\_\_\_\_ or Rent \_\_\_\_\_

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**Costs and Contributions**

Please estimate your annual out-of-pocket college costs This means tuition and fees, room and board, books and supplies etc MINUS FAFSA, grants and scholarships that you have received. \$ \_\_\_\_\_

Please estimate how much you and your family can contribute to your college costs: \$ \_\_\_\_\_

Have you completed FAFSA? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please list any scholarships you have already been awarded: \_\_\_\_\_  
\_\_\_\_\_

Have you applied for a First Presbyterian scholarship before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, were you a recipient? Yes \_\_\_\_\_ No \_\_\_\_\_

**References**

Please list 3 references (other than family), including teachers, guidance or college counselors, coaches, and employers. Please have each reference complete and return the attached reference forms. Three references are required.

**Reference 1:**

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

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

Phone: \_\_\_\_\_

**Reference 2:**

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

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

Phone: \_\_\_\_\_

**Reference 3:**

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

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

Phone: \_\_\_\_\_

**Personal Statement** – Please briefly explain your educational and vocational goals and how this scholarship would help you achieve your goals.

The information provided in this scholarship application is accurate and complete to the best of my knowledge:

Signature: \_\_\_\_\_

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

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