

**SOUTH BRITAIN CONGREGATIONAL CHURCH
SCHOLARSHIP AND SPECIAL TALENT GRANTS APPLICATION
Scholarship Year: 2019**

NAME: _____

TEL. #: _____

ADDRESS: _____

TOWN: _____ ZIP: _____

SCHOOL YOU WILL
ATTEND: _____

YEAR (LEVEL) YOU WILL
BE ENTERING: _____

A. Why did you choose this particular college/university: _____

B. Anticipated or actual area of study: _____

C. Degree or Certificate sought: _____

D. Anticipated Occupation: _____

FILL IN APPROPRIATE INFORMATION

LIST THE CHURCH ACTIVITIES IN WHICH YOU HAVE PARTICIPATED: _____

LIST COMMUNITY AND/OR SCHOOL ORGANIZATIONS IN WHICH YOU HAVE BEEN
ACTIVE AND INDICATE OFFICES HELD: _____

LIST ANY AWARDS OR HONORS YOU MAY HAVE RECEIVED: _____

PRINCIPAL HOBBIES AND INTERESTS: _____

HOW HAS YOUR CHURCH PARTICIPATION BEEN OF BENEFIT TO YOU: _____

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ANNUAL COST FOR TUITION: _____

ANNUAL COST FOR ROOM AND BOARD _____

AMOUNT OF GRANTS AND SCHOLARSHIPS RECEIVED: (_____)

NET COST: _____

LIST ANY EMPLOYMENT YOU HAVE HAD OR VOLUNTEER WORK DONE – include full, part-time or summer work:

<u>EMPLOYER</u>	<u>POSITION</u>	<u>LENGTH OF EMPLOYMENT</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

WHAT ARE YOUR JOB PLANS FOR THIS COMING YEAR, IF ANY

If you have brothers, sisters, spouse or children who are now attending college or other institutions of higher learning, please complete the following:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>COLLEGE/SCHOOL</u>	<u>ANTICIPATED DATE OF COMPLETION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that any money received will be returned to the Scholarship Fund if I do not attend School for the specified time.

SIGNATURE: _____ DATE: _____