

APPLICATION FOR SCHOLARSHIP AWARD

BESSIE P. ROGERS / HARRY C. WOODWARD

MEMORIAL SCHOLARSHIP FUND

OF

ST. PAUL'S UNITED CHURCH OF CHRIST

LIONVILLE, PENNSYLVANIA

ADOPTED BY CONSISTORY MAY 15, 1978

REVISED, APPROVED BY CONSISTORY JUNE 2009

Dear Applicant:

The purpose of the Scholarship Award is to make funds available to persons having a strong desire to continue their education and to help those who would experience hardship without financial assistance. The Scholarship Awards are available to all persons without regard to race, color sex, disability, age, marital status, or sexual orientation. Each application will be given thoughtful consideration on its own merits. The funds come from a legacy left to St. Paul's United Church of Christ of Lionville by the late Mrs. Bessie P. Rogers and Mr. Harry C. Woodward who were members of St. Paul's and had a deep love for others. This Fund is a memorial to them and that love.

You need not be a member of St. Paul's to apply, although there should be some affiliation with St. Paul's UCC. If there are two or more candidates, the Scholarship Committee may give priority to a candidate who is considering entering a field of professional Christian service or other criteria as deemed by the Scholarship Fund Committee. The Scholarship Award is given towards educational costs such as tuition, fees, room and board, laboratory costs, books & equipment purchases, etc.

Each Award is generally \$200.00 and is granted for one year. Application is made for each year. The amount of the award may change depending on available funds and the number of applicants.

Bessie P. Rogers / Harry C. Woodward Memorial Scholarship Fund
St. Paul's United Church of Christ

PLEASE RETURN COMPLETED APPLICATION TO:

Bessie P. Rogers / Harry C. Woodward Memorial Scholarship Fund
St. Paul's United Church of Christ
101 Worthington Road
Exton, PA 19341
OR EMAIL to "STPUCC@VERIZON.NET"

PLEASE TYPE OR PRINT

1. NAME OF APPLICANT:

Address:

Phone:

2. CHURCH AFFILIATION:

Name:

Address:

3. EDUCATION LEVEL COMPLETED:

4. REFERENCES: (At least one reference should be a teacher or other person qualified to comment on your academic ability; references should not be members of your immediate family):

(a) Name
Address
Phone

(b) Name
Address
Phone

5. Please describe your goals in life, the field or work you plan to enter, and your reasons for wishing to enter this field or work.

6. CONFIDENTIAL

6.1 Please explain your reasons for need of financial aid.

6.2 Please describe what you have done to meet-the anticipated costs of your education for the coming year; give details.

6.3 Please supply any other information which you believe is important to the Scholarship Committee.

NOTE: Please supply the requested information of Section 5 and 6 on a separate sheet if more room is needed. Identify the attached sheet with your name at the top.

Applicant's Signature

Date: _____