

First Presbyterian Church of Naples Scholarship application

Applicant information:

Date _____

Name: _____ Grade: _____ School: _____

Address: _____

Email: _____ Your Cell: _____

Family Information:

Mother's Name: _____ Father's Name: _____

M – e-mail: _____ F – e-mail: _____

M – cell phone: _____ F – cell phone: _____

M – work phone: _____ F – work phone: _____

Primary family/home phone: _____

Is there anything specific you would like us to take into consideration when reviewing this application? _____

What would receiving this scholarship mean to you? _____

Are you able to pay a percentage of the total participants portion? _____ % _____

To receive a full scholarship from the church we would ask that your child be able to participate in the church life 2 Sundays per month for 6 months. Is this something you and your child would support? Parents initials _____ Students initials _____

Scholarship asking for: _____

Amount needed: _____