

**First Presbyterian Church
Post Office Box 552
Cheraw, SC 29520**

D.W. Moore, Jr. Memorial Scholarship Fund

General Information

***The D.W. Moore, Jr. Memorial Scholarship is awarded annually to a deserving student interested in pursuing a major in Music Education.**

Requirements

Funds are awarded annually, based on the following criteria:

- **Interest in pursuing a major in Music Education and,**
- **Demonstrated active interest, through behavior and grades, in acquiring a higher education**

Application

For an applicant to be considered for this scholarship, the Application must be filled out completely in black ink, or typed. The Application must be received at the following address no later than March 1st before the beginning of the school year for which aid is applied.

**The D.W. Moore, Jr. Memorial Scholarship Fund
First Presbyterian Church
Post Office Box 552
Cheraw, SC 29520**

Attn: Scholarship Committee

*The Scholarship Committee is referred to the Gift Agreement between First Presbyterian Church of Cheraw, South Carolina and The D.W. Moore, Jr. Family, executed December 7, 2005.

FIRST PRESBYTERIAN CHURCH
The D.W. Moore, Jr. Memorial Scholarship Application

Please print in Black Ink Completed Application must be received on or before March 1st

I. Applicant (Personal) Information

Name: Last		First		MI	
“Preferred”		Social Security #		Gender	
Current Street Address			Apt/Unit #		
City		State		ZIP	
Phone		E-mail Address			
Place of Birth			Date of Birth		
Parent(s) or Guardian (s)					
Current Street Address			Apt/Unit #		
City		State		ZIP	
Phone		E-mail Address			

II. EDUCATION (Attach most recent transcript)

A. High School/College Most Recently Attended

B. List all honors and/or special recognitions received in High School (attach extra sheet if necessary)

1.

2.

3.

4.

C. List extra-curricular activities and/or hobbies (attach extra sheet if necessary)

1.

2.

3.

D. Name of College you plan to attend

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III. REFERENCES

A. Teacher Recommendation

Name

Phone

Street Address

City

State

ZIP

School

B. List at least two (2) personal references

1. Name

Phone

Street Address

City

State

ZIP

Relationship

2. Name

Phone

Street Address

City

State

ZIP

Relationship

IV. PERSONAL STATEMENT

Attach a one page (or less) Statement of why you feel you should be considered for this Scholarship.

Signature of Applicant _____

Signature of Parent, or Guardian _____

Date of Application _____

Must be received on or before March 1st before the beginning of the school year for which aid is applied