## Application for Presbytery of West Virginia (Grant and/or) Loan for Post-Secondary Education

(Monies available to assist with post-secondary education (college or vocational) are in the form of loans and/or grants. The maximum amount per loan available is \$1000 per year; the maximum amount for grants is \$500. This application form is used for both loan and grant consideration.)

Date	_	
	rsonal Information (use bl	
Name		Date of Birth
Permanent Address		
City	State	Zip Code
Phone	Email	
Parents address		
Parent's phone	Email	
Occupation of Parents		
• 1	parent(s) to be contacted by loan. (circle one) YES	a representative of the presbytery NO
Other dependents in your l	household	
Applicant's Marital Status	·	
Name of Your Church		
Pastor		
Name of High School		
Year of graduation	G.P.A	
What institution of learnin	g are you attending (or plan	nning to attend)?
What is your major field o	of study? (Academic or voca	ational)

(over)

## C. Narrative

Please attach an additional sheet with a brief biographical sketch. This can include your accomplishments and activities. This must include your present and future life goals.

## **D.** Recommendations

Enclosed you will find a Recommendation Form which needs to be copied and completed by two people who are not related to you. One of these must be filled out by one of the Pastors or the Christian Educator or an Elder of your church. In order for your application to be complete, these forms must also be received no later than April 30. Applications are reviewed at the May meeting of the Nurture Committee.

Please send completed applications to:

Presbytery of West Virginia Scholarship Committee 520 Second Avenue South Charleston, WV 25303

Applications, including recommendation forms, must be received no later than April 30 for consideration for a grant and/or loan for the next academic year.

To Applicant: You need to submit two recorded or Elder in your congregation. Please coreference:			r
I waive or do not waive n	ny right to read this letter o	f recommendation. (check one).	
Signed	Date		
RECO	MMENDATION FO	RM	
Applicant's Name			
Recommendation written by			
Title			
Phone	_ Email		
Address			
City	State	Zip	
Relationship to Application			

Please type or print a recommendation for the above student and return this form no later than April 30 to Presbytery of West Virginia, Attention: Susan Sharp Campbell, Presbytery of West Virginia, 520 Second Avenue, South Charleston, WV 25303. If desired, you may attach a separate sheet to this form.