

MEMORIAL SCHOLARSHIP APPLICATION

First Presbyterian Church Scholarship Albemarle, NC

Application – This application must be received by First Presbyterian Church no later than **April 6, 2026**. Incomplete or late applications will not be considered. Please note that being a resident of Stanly County is a requirement for all scholarship winners. An application may be submitted as follows:

- Electronically by email to fpcscholar1578@fpcalbemarle.org
- Delivering it to the church office located at 126 W. North Street or Mailing it to First Presbyterian Church at the following address:
Scholarship Committee
PO Box 1578
Albemarle, NC 28002

Personal Information – Please type or print

Full Name: _____

Full Address: _____

Are you a resident of Stanly County? Yes _____ No _____

Telephone (with area code) Home: _____ Cell: _____

Date of birth (MM/DD/YYYY): _____

Race: Caucasian ____ African American ____ Hispanic ____ Asian ____ Multi-Racial ____ Other ____

Education – Circle highest grade completed to date: High School 10 11 12 College 1 2 3 4
Complete as applicable (school name and address):

High School: _____

College: _____

Dates Attended: _____ - _____

Graduated: Yes _____ No _____

GPA: _____ Class Rank: _____

Dates Attended: _____ - _____

Graduated: Yes _____ No _____

GPA: _____ Class Rank: _____

If in HS, college you plan to attend: _____

Major: _____

Have you been accepted? Yes _____ No _____

Extracurricular Activities – Please list your volunteer activities (School, Church, Community, Athletic) for the last 3 years. Include in any awards, leadership positions, and the number of years of participation. (Example: National Honor Society, 11th and 12th grades, President of NHS 12th grade)

Do you attend church regularly? Yes _____ No _____ Are you a member? Yes _____ No _____
Church name: _____

Work and Family Responsibilities – Please list your work and/or any essential family responsibilities. For jobs, include the business name, hours worked per week and job title. For essential (and significant) family responsibilities, include your list tasks, the individuals for which you provide care and the hours that you work per week in this role.

Family Financial Information

Are you listed as a dependent on your parents' tax returns? Yes _____ No _____

What is your parents' approximate annual income? _____

If No, please skip this section and proceed to the PERSONAL FINANCIAL INFORMATION section.

If Yes, provide the information below:

Father's name: _____

Mother's name: _____

Or Guardian's name: _____

Full Address: _____

As applicable, please list parent's or guardian's work information.

Occupation: _____

Employer: _____

Occupation: _____

Employer: _____

Please list number of dependents in the household: _____

Parent or Guardian Housing: Own _____ or Rent _____

Personal Financial Information – Do not complete if you are listed as a dependent

Occupation: _____

Employer: _____

What is your approximate annual income? _____

Please list number of dependents in your household: _____

Your Housing: Own _____ or Rent _____

Costs and Contributions

Please estimate your annual out-of-pocket college costs This means tuition and fees, room and board, books and supplies etc MINUS FAFSA, grants and scholarships that you have received. \$ _____

Please estimate how much you and your family can contribute to your college costs: \$ _____

Have you completed FAFSA? Yes: _____ No: _____

Please list any scholarships you have already been awarded: _____

Have you applied for a First Presbyterian scholarship before? Yes _____ No _____

If yes, were you a recipient? Yes _____ No _____

References

Please list 3 references (other than family), including teachers, guidance or college counselors, coaches, and employers. Please have each reference complete and return the attached reference forms. Three references are required.

Reference 1:

Name: _____

Address: _____

Phone: _____

Reference 2:

Name: _____

Address: _____

Phone: _____

Reference 3:

Name: _____

Address: _____

Phone: _____

Personal Statement – Please briefly explain your educational and vocational goals and how this scholarship would help you achieve your goals.

The information provided in this scholarship application is accurate and complete to the best of my knowledge:

Signature: _____

Printed Name: _____

Date: _____