CARMEL PRESBYTERIAN CHURCH COLLEGE FUND GRANT APPLICATION

NOTES:

- 1. Print and complete this form -or- type information
- 2. Only active members of Carmel are eligible for consideration.
- 3. This application is valid for only 1 scholastic year. Applicants must reapply for subsequent scholastic years. LIMITS, as described in the College Fund Guidelines, are as follows:
 - a total of 4 scholastic years for full-time undergraduate students
 - a total of 2 scholastic years for part-time undergraduate students
 - a total of 2 scholastic years for graduate students

Section A: APPLICANT PERSONAL INFORMATION

1	Date of Application:	
2	Name (first, last):	
3	Address (street, town, sate ZIP):	
4	Best Phone #(s):	
5	Active Member of CPC since (date):	
6	Parent Name: Best Phone #(s): Address (street): (town, state, ZIP):	
7	Please LIST (bullet points) any church-related activities / non-financial contributions made by the applicant (if necessary, continue on separate sheet)	 x x x x x x
Se	ection B: APPLICANT SCHOLAST	IC INFORMATION
	High School Attended: Graduation Date/Year:	
2	Does applicant currently attend college/grad school (mark one):	YES (skip Q3; go directly go Q4 in this section) NO (answer Q3; skip Q4)
3	If you ARE NOT currently attending college or grad school, please mark all that apply and provide requested info:	Applied to College/Grad School; awaiting acceptance Accepted for Admission to: Anticipated Course of Study/ies: Will matriculate (semester/year): Full-Time Part-time
		Expected graduation (semester/year):

Section C: APPLICANT PERSONAL STATEMENT

Please briefly state why you decided to attend the college or university named above and what you would like to attain
from the experience (continue on separate sheet if necessary):

STATEMENT:				
I hereby affirm that the statements made in the applicat terms outlined in the College Fund Guidelines.	ion are correct, to the best of my knowledge. I will abide by the			
Signature of applicant:	Date:			
If completing this form online please type in the applican	t's full name.			
Signature of parent:	Date:			
If completing this form online please type in the parents'	s full name.			

Ways to SUBMIT this application, proof of registration as described in the College Fund Guidelines, and any additional sheets:

- 1. E-mail as one or more attachments to the Church Office (office@presbycarmel.org), with "College Fund" in the subject line.
- 2. or, Drop-off or Mail-in to:

Carmel College Fund c/o Carmel Presbyterian Church 100 Edge Hill Road Glenside, PA 19038

QUESTIONS: Contact a member of the Stewardship Committee or the Church Office with any questions.