

# NEW APPLICATION FOR SCHOLARSHIP

## FIRST CONGREGATIONAL CHURCH

222 WEST MAIN STREET  
WATERBURY CT 06702  
(203) 757-0331

Date of Application \_\_\_\_\_ (Must be received by April 1st of calendar year)

**TO BE FILLED IN BY STUDENT: PLEASE COMPLETE IN FULL. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. (USE SEPARATE SHEET FOR EXPLANATIONS IF NECESSARY.)**

1. NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

2. STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

3. APPLICANT NORMALLY LIVES WITH (Check all that apply):

Father  Mother  Stepfather  Stepmother  Spouse  Other \_\_\_\_\_

4. CHECK IF ANY APPLY:

Father deceased  Mother deceased  Parents separated or divorced

5. LIST COLLEGES OR SCHOOLS WHERE THE SCHOLARSHIP WOULD APPLY

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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6. YOUR CHURCH AFFILIATION \_\_\_\_\_ MEMBER? YES  NO

7. LIST OF CHURCH ACTIVITIES \_\_\_\_\_

8. IF YOU WILL BE ENTERING COLLEGE AS A FIRST YEAR STUDENT. COMPLETE THE FOLLOWING:

HIGH SCHOOL ATTENDED \_\_\_\_\_

YEAR OF GRADUATION \_\_\_\_\_ RANK IN CLASS \_\_\_\_/\_\_\_\_ PRESENT GRADE AVERAGE \_\_\_\_\_

**ATTACH TRASCRPT OF HIGH SCHOOL GRADES (application will not be considered without it)**

LIST ANY OUTSTANDING HONORS IN SCHOOL OR COMMUNITY ACTIVITIES:

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14. PERSONAL RECORD AND CONFIDENTIAL STATEMENT

Name of Father (or Guardian): \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Annual Income (Last year): \$ \_\_\_\_\_ Current Year (expected): \$ \_\_\_\_\_

Name of Mother: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Annual Income (Last year): \$ \_\_\_\_\_ Current Year (expected): \$ \_\_\_\_\_

Name of Spouse (if married): \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Annual Income (Last year): \$ \_\_\_\_\_ Current Year (expected): \$ \_\_\_\_\_

Home (If owned) - Present value: \$ \_\_\_\_\_ Mortgages: \$ \_\_\_\_\_

Bank Accounts - Total: \$ \_\_\_\_\_ Other investments -Total: \$ \_\_\_\_\_

Other Financial Liabilities: \$ \_\_\_\_\_

Make and year of family automobiles: \_\_\_\_\_

Does applicant own an automobile? (Make and year): \_\_\_\_\_

Brothers and Sisters living at home (List in order, starting with eldest):

Name	Age	School Year or Occupation	Employer
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**To the best of our/my knowledge, the foregoing information is complete and correct.**

\_\_\_\_\_  
Signatures of Parents or Spouse

\_\_\_\_\_  
Signature of Student

