**STUDENT SCHOLARSHIP APPLICATION FORM**

Please fill out the application form in full and submit all the required documents for consideration by our scholarship committee.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_

School Name and Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTRUCTIONS**:

Please submit the following documents along with this application form. Your application will not be considered until the Bucks County Presbyterian Church Scholarship Committee receives all the required documents, which, by the way, will not be returned to the applicant.

FIRST TIME APPLICANT:

* School transcript for the past two years.
* 2012 and 2013 tax returns of parents or a legal guardian.
* Two recommendation letters from teachers or others who are familiar with your academic, social or community activities. Please ask your references to be specific in describing your impacts on your involvements.
* A personal statement on why you are well qualified to receive this scholarship award.

REPEAT APPLICANT FROM 2013:

* School transcript from the current school year.
* 2013 tax returns of parents or a legal guardian.

I am fully authorizing this committee and agents to review, confirm, and investigate, if necessary, any and all information provided. I further state that I have been truthful and have not provided false or misleading information under law and before God. I agree to this statement with the signature below:

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents or guardian

I, as the parent and or guardian, provide willingly the tax returns for the last two years. I’m granting full authority to the committee and agents to review, confirm, and investigate, if necessary, any and all information provided. I further state that I’ve been truthful and have not provided false or misleading information under law and before God. I agree and acknowledge to this statement with the signature below:

Parent or guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_