

Oakland Presbyterian Church Scholarship Fund Application

Send completed form to Oakland Presbyterian Church, PO Box 38, Oakland, FL 34760

Name: _____
Last Name First Name Middle Name

Date of Birth ___/___/___ Place of Birth (city/state) _____

Physical Home Address: _____
Number & Street (No PO Box)

City, State, Zip

Home Mailing Address: _____
Number & Street or PO Box

City, State, Zip

Phone Number at Home

Apartment or Dormitory
Mailing Address: _____
Number & Street or PO Box

City, State, Zip

Contact Phone Number

Mobile Phone Number

Contact Email

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High School Attended: _____

School Address: _____

Dates attended: Mo/Yr ___/___ through Mo/Yr ___/___ Graduation date: Mo/Yr ___/___

Academic Average (GPA) _____ on a scale of Zero to _____

SAT Score: _____ Reading: _____ Writing: _____ Math: _____

ACT Score: _____

Semester Applying for: Fall 20____ Spring 20 ____ Summer 20____

College/University/Technical School _____

Date Accepted by School: ___/___/___ Intended Major: _____

Father: _____

Mother: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Job Title: _____

Job Title: _____

Do you live with: Both Parents Mother Father Other Independent

Number of family members living in household, including you and your parents: _____

Number of family members attending college, including yourself: _____

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Do you expect to be employed while attending college? Yes No

If yes, name the place of employment: _____

Total Income last year for you and your parents: \$ _____

A copy of the first page of IRS Form 1040 Tax Return must be attached to this application, for both you and your parents.

Anticipated college expenses per year:

Tuition: \$ _____ Books: \$ _____ Fees: \$ _____ Housing: \$ _____

Total Anticipated Expenses: \$ _____

Less Scholarships/Grants: \$ _____

Less Financial Aid: \$ _____

Net Anticipated Expenses: \$ _____

CERTIFICATION

We certify that, to the best of our knowledge, the information provided in this application is correct. We have completed this application with the understanding that it is the property of the Oakland Presbyterian Church Scholarship Fund Committee.

_____ Applicant's Signature	_____ Date
_____ Father's Signature	_____ Date
_____ Mother's Signature	_____ Date