The First Presbyterian Church at Caldwell

John R. and Inge P. Stafford Memorial Scholarship Application

2024

This application is due Monday, April 15, 2024 in the church office by 12:00pm

A. Who may apply:			
Members of The First Presbyterian Church at Caldwell w	ho are active in the life of the church,		
or			
Young people active in the youth programs of the church	n.		
B. Eligible schools:			
Four-year accredited colleges			
Two-year accredited colleges			
Name:			
Address:	Phone:		
City, State, Zip:	E-Mail :		
High School:	Year of Graduation:	GPA:	
College:	Years (Years Completed:	
Degree:		GPA:	
Name of the College/University you plan to attend:			
Have you applied to the school?	Have you been accepted?		

TYPE OR PRINT CLEARLY. IF YOU USE A COMPUTER, PLEASE INCLUDE EACH QUESTION WITH YOUR ANSWER.
1. Are you a member of the First Presbyterian Church at Caldwell?
2. Describe your involvement in the church's programs during the last 3 years—Sunday School, youth activities, choir,
etc. Be specific about the extent of your involvement (inclusion of dates is required). Also describe your involvement in the church you now attend if you are away from FPC at present.
3. Describe any leadership roles you have held in school, church and/or the community.
4. Give three specific examples of how you demonstrate Christian service in your life.
5. What are your educational and long-term career goals? How does your faith in Christ fit into these?
6. List any other awards, scholarships, or special recognitions you have received.

7. Outline your financial plan for the coming yea grants, or loans for which you have applied or w	•	penses and inc	come, including other scholarships,
Expenses: (include Tuition, Room & Board, Book	s, Travel)		
Income: (include college savings, employment in	ucomo othor scholarshi	ns/loans)	
meome. (medde college savings, employment ii	icome, other scholarsin	ps/ioaris/	
8. List scholarships, loans, or grants by name, an	nount, and whether the	y are renewab	le.
Name & Amount			Renewable
			Yes/No
			Yes/No
9. List employment (three most recent):			
Employer (Name of Co.)	Position	Dates	Supervisor/Phone #
a			
b			
C			
10. Provide names, addresses, and phone number recommendation or write a letter of recommendation of the commendation of the c	dation for you. If you al		_
(Please ask permission when listing recommend			
Name/Relationship Address			Phone

11. Please indicate any special circumstances of a personal nature that you would like the scho consider. All information is confidential.	larship committee to
12. Attach a copy of your high school or college transcript.	
Please sign and date your application.	
Name	Date