



The Women's Association

of The Brick Presbyterian Church

APPLICATION FOR SCHOLARSHIP AID

Your completed application must include:

- This form. Please answer all questions.
- An official school transcript from your most recent academic year.
- A letter of recommendation from a teacher/professor/coach at your current school.

If this is the first year you are applying for Scholarship Aid from the Women's Association, please also include a letter of recommendation from someone at Brick Church who knows you well. If you would like the committee to consider additional information, please include that at the end of the application.

A member of the Scholarship Committee may contact you for further information.

Completed applications and recommendations should be returned to The Brick Presbyterian Church, 62 East 92nd Street, New York, NY 10128, attention Women's Association Scholarship Committee, by May 6, 2019.

APPLICANT'S INFORMATION

Name: _____ Date of Birth: _____ Sex: _____

Address: _____

Email Telephone

Father's Name: _____

Address: _____

Email Telephone

Mother's Name: _____

Address: _____

Email Telephone

Siblings:

Name Age School

Name Age School

Name Age School

BRICK CHURCH AFFILIATION

Are you a member of The Brick Presbyterian Church? Describe the duration and extent of your involvement. _____

ACADEMIC INFORMATION

School you currently attend: _____

School address: _____

Your current grade: _____

Dates of attendance at this school: _____

Previous school: _____

School you plan to attend next academic year: _____

Academic honors: _____

Extracurricular interests: _____

What degree or certificate will you be working toward in the next academic year? Have you declared a major (if in college)? _____

FAMILY FINANCIAL INFORMATION

Income: _____

Father:

Occupation _____

Current employer _____

Length of employment _____

Salary _____

Mother:

Occupation _____

Current employer _____

Length of employment _____

Salary _____

Expenses

Please indicate any current or anticipated significant expenses, including:

Elderly relatives at home yes no

Medical expenses yes no

Other _____

APPLICANT'S FINANCIAL INFORMATION

Have you worked during the school year or during the summer to earn money for your education? Please describe your employment and earnings. _____

Please list your anticipated expenses for next academic year (tuition, room, board, books, travel, etc.). _____

Are you receiving any financial aid this current academic year? yes no

Do you expect this aid to continue in the next academic year? yes no

Are you applying for other scholarship funds or financial aid for next academic year? yes no

Please describe. _____

The Women's Association reserves the right to ask for further information.

Submitted by:

Signature of Applicant

Date