WESTMINSTER PRESBYTERIAN CHURCH OF ARLINGTON SCHOLARSHIP APPLICATION

DATE OF APPLICATION	For WPC Use Date Received:
APPLICANT NAME:	Date of Birth//
ADDRESS:	
Email:	Grade Level:
If high school senior – NAME OF HI	GH SCHOOL:GPA
College/University you will be attended	ling:
College/University Address:	
College/University City/St/Zip:	
Give four references. Include at lea Name: Address: City/St/Zip: Phone: Email: Relationship: Name: Address: City/St/Zip: Phone: Email: Relationship: Phone: Email: Relationship:	Address: City/St/Zip: Phone: Email: Relationship: Name: Address: City/St/Zip: Phone: Email:
outside activities, areas of service, a 2. Write a (minimum) one hundred church school teacher or leader, OF a returning college student, describe	plarship. Include family, high school or college accomplishments, and/or hobbies and some of your goals for the future. (100) word essay on ONE of the following: (a) most memorable (b) what influence has WPC had on your faith journey, OR (c) if how you have enhanced your current faith journey this past year call church involvement, personal spiritual practices, etc).
133 Arlir	n: Scholarship Review Committee) 0 S. Fielder Road ngton, TX 76013
OR via email to SRC@wpcarlington I acknowledge that the scholarship f	org unds, if approved, will be used towards books or tuition.
Signed:	Date: