

Arthur S. Reese Student Continuing Education Grant Application

Application for Members of Fairhill Manor Christian Church

Please email to finance@fairhillmanorchurch.org by July 1.

PERSONAL DATA

Name: (last) _____ (first) _____ (middle initial) _____

Address: _____

Telephone: () _____ Email address: _____

Date of Birth: _____

Name and address of parent(s), guardian(s) or spouse: _____

Number of children in same household: _____

Number of children in household attending college: _____

Name of high school you attend or graduated from: _____

Date/anticipated date of high school graduation (month/year): _____

Approximate scholastic grade point average: _____ (attach official transcript)

Extracurricular activities, honors, community service: _____

EDUCATIONAL INSTITUTION IN WHICH ENROLLMENT IS DESIRED

Educational institution: _____

Address: _____

Will you: commute? ____ stay on campus? ____

Have you been accepted? Yes ____ No ____

Anticipated course of study: _____

Time required to complete course of study (2 years, 4 years, etc.): _____

Date term begins: _____

Yearly Educational Costs

Tuition: \$ _____

Housing: \$ _____

Books: \$ _____

Payment Due Date: _____

In a separate document, please write an essay describing your plans for study, your life goals, and what your church life has meant to you.

I certify that the information provided on this application is true and accurate to the best of my knowledge.

Signature _____ *Date* _____