

# Arthur S. Reese Student Continuing Education Grant Application

Application for Members of Fairhill Manor Christian Church

Please email to [finance@fairhillmanorchurch.org](mailto: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 \_\_\_\_\_