

STULTZ STUDENT SCHOLARSHIP FUND APPLICATION FORM

To be completed by Applicant

Full Name of Applicant: _____

E-mail Address: _____

Mailing Address: _____

Phone Number: () _____ **Gender:** Male _____ Female _____

Social Security Number: _____

Date of Birth: Month: _____ Day: _____ Year: _____

Name of High School: _____

Address of High School: _____

Phone Number of High School: () _____

Year of Graduation: _____ **GPA:** _____ **Class Rank:** _____

Honors and Awards:

Community and School Service Activities: _____

Other Extra-Curricular Activities (including Athletics): _____

Other Scholarships for Which You Have Applied: _____

College/University Where You Have been Accepted: _____

Name of Church: _____

Address of Church: _____

Pastor: _____ **Phone Number:** _____

Signature of Applicant

Date

To be completed by Parent or Guardian

Father or Male Guardian: _____

Address: _____

Occupation: _____

Gross Annual Income: _____

Mother or Female Guardian: _____

Address: _____

Occupation: _____

Gross Annual Income: _____

Number of Family Members (other than head of household): _____ **Ages:** _____, _____, _____

Amount Parents/Guardians can provide annually toward college expenses for applicant: _____

Amounts that may be available from other sources: _____

Other relatives: _____

Other scholarships: _____

Applicant's savings: _____

Applicant's employment: _____

Other sources: _____

Unusual circumstances which curtail family income or increase family expenses:

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Mail completed application to:

Synod of the Mid-Atlantic
3601 Seminary Avenue
Richmond, VA 23227