

# LUCILE BOGART SCHOLARSHIP INFORMATION FORM

**Term:**       Fall               Spring               Summer              **Year: 201**\_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**A. Vocational School, College or University you will be attending:**

School: \_\_\_\_\_

Starting date of term for which you are applying: \_\_\_\_\_

**Scholarship checks will be made payable to and disbursed to the college or university in which applicant is enrolled. The following information must be completed:**

**Bursar's Office Address:** \_\_\_\_\_

**Bursar's Office Telephone:** \_\_\_\_\_ **Student ID Number:** \_\_\_\_\_

**B. Membership in Erwin Presbyterian Church, Rock Creek Presbyterian Church or Jennie Moore Memorial Presbyterian Church:**

1) Member of \_\_\_\_\_ Church.

2) Child of member of \_\_\_\_\_ Church.

**C. Degree you are working toward: (check one)**     Associate     Bachelor     Master     Other

**What is your area of concentration?** \_\_\_\_\_

**Is your study**     in the classroom or  online    **Number of hours you will be taking this term:** \_\_\_\_\_ hours

**Number of semesters/quarters you have previously received this scholarship:** \_\_\_\_\_

**Number of semester/quarter hours you have completed towards graduation:** \_\_\_\_\_

**Are you progressing as a full-time student?**       Yes       No

**Is your grade point average above 2.0 on a 4.0 scale?**       Yes       No

**Did you complete at least 12 hours with at least a 2.0 GPA last semester?**       Yes       No

**When do you plan to complete your degree?** \_\_\_\_\_

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

An Information Form must be filled out for each term that applicant wishes to receive this scholarship. The full scholarship is available for Fall and Spring semesters for full-time students and a/o scholarship is available during Summer for 3 hours or a % scholarship for 6 or more hours. If School is on a quarter system, then Scholarship will be pro-rated.

Date received: \_\_\_\_\_ Date approved: \_\_\_\_\_

Signature of committee member: \_\_\_\_\_