

LUCILE BOGART SCHOLARSHIP INFORMATION FORM

Term: Fall Spring Summer **Year: 201**_____

Student's Name: _____ **Phone:** _____

Mailing Address: _____

Email Address: _____

Have you been a member (or the child or spouse of a member) of Erwin Presbyterian Church for at least one year? Yes No

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. 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: _____