

Application Form for a Trinity Presbyterian Church Scholarship

I, _____ will be enrolled at _____
_____ for the year _____ and wish to
apply for the following scholarship from Trinity Presbyterian Church:

___ Skip Whitmore Scholarship Fund

___ Music Scholarship Fund

___ Parish Nurse Scholarship Fund

Home Address _____

Phone _____ Email _____

Name and address of agency to which distribution should be sent:

Signature _____

Student ID if known _____

Date _____

Please share a brief summary of your goals for the coming academic year and how this scholarship will help you reach those goals.

This form is to be completed and returned to the Church Office, Trinity Presbyterian Church, 725 S. High Street, Harrisonburg, Virginia 22801 by June 1st.