

**Memorial Presbyterian Church
Dayton, Indiana**

Dayton Memorial Scholarship Fund Application

Name _____

Address _____

Telephone _____ Email _____

Year of High School Graduation High School _____

Which institution of higher education do you plan to attend? _____

Have you been accepted? Yes No (Circle one) For which term? _____

Will you be attending full-time: Yes No (Circle one) How many credit hours? _____

Have you been offered financial aid? Yes No (Circle one)

If "Yes" describe type of aid _____

Have you received any scholarships? YES NO (Circle one)

If "Yes" describe type and amount of scholarship _____

Have you received any student loans? YES NO (Circle one) Amount? _____

What are your housing arrangements? _____

Annual expected costs_ Total resources available _____

What financial preparations have you personally made toward your college education?

Briefly describe the course of study you plan to pursue: _____

How would receiving this scholarship benefit you? _____

Describe your relationship to Memorial Presbyterian Church: _____

How did you find out about this scholarship? _____

Signature of Applicant _____ Date _____

Please enclose a copy of your "Financial Aid Eligibility Form" which you received from the University.