

ERICKSON SCHOLARSHIP APPLICATION FORM

Upon completion, both pages of this form should be mailed, postmarked no later than April 1, to:

Scholarship Task Force
Valley Presbyterian Church
6947 E. McDonald Drive
Paradise Valley, AZ 85253

Eligibility requirements are listed on the accompanying information sheet.

Name: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Email: _____

Gender (Male/Female) _____

Date of Birth (day/month/year): _____

Name of High School: _____
City and State: _____
Phone Number: _____
Year of Graduation: _____

For High School Seniors:
First Choice College: _____
Second Choice College: _____

For Currently Enrolled College Students:
Name of College: _____
Major: _____
City and State: _____
Phone Number: _____
Expected Year of Graduation
and Degree: _____

For Seminary Students:
Name of College or University: _____
City and State: _____
Phone Number: _____
Year of Graduation: _____
Seminary where you have applied: _____

I have been a member of Valley Presbyterian Church for _____ years.

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Recent church involvement
or activities:

Community Service:

Honors/Awards/Recognition/
Other

Future Career Plans:

Statement of Financial Need
for tuition, books, room, meals,
travel, and other expenses

Applicant Signature:

Printed Name:

Date:

- Your letter of reference from a pastor should be mailed separately.
- Please submit your application, along with a statement of faith, no later than April 1.

