

Canyon Hills Presbyterian Church

190 S. Fairmont Blvd.

Anaheim, CA 92808

(714) 637-7660 fax: (714) 637-8652

Scholarship Application

**For purposes of this application, "college" refers to university, seminary or vocational school*

Date of Application _____

Name _____ Date of Birth: ____/____/____

I Have Been a Member of CHPC Since: _____ Date of Confirmation: _____

If Confirmed in a Different Church, Give Date of Confirmation: _____

Name and Address of Church:

Applying for ____/____ School Year. 1st year ____ 2nd ____ 3rd ____ 4th ____

FAMILY INFORMATION

Name of Father _____ Phone(s) _____

Name of Mother _____ Phone(s) _____

Parents Home Address _____

Applicant's Address, if other than Home (above)

Applicant's Phone(s) _____

What College* Are You Planning to Attend?

Address:

What Career(s) Are You Considering?

Do You Know What You Want to Major In?

CHURCH AND COMMUNITY ACTIVITIES DURING THE LAST 4 YEARS:

Give a brief description of your goals for the future and how your participation in Church and your Faith Journey has affected the important choices you've made in your life:

For Sophomores and higher only: Give a brief description of your experience as a college student (i.e. how it met your expectations, courses you enjoyed most, insights you may have had concerning your educational/career goals, what role your faith has played):

RECORD OF EDUCATION

Name of High School Attended: _____

Address: _____

Date of Graduation: _____ or GED: _____

Other Scholarship Money Received or Applied for:

For Scholarship Committee Use Only:

Date Reviewed: _____ Date Approved: _____

Reviewed by: _____

Approved by (signature): _____

Scholarship Name: _____

Amount of Scholarship: _____

To Be Applied To (Semester and Year): _____