

**Outer Banks Presbyterian Church
Scholarship Application**

Date of the Application: _____

Name of the Applicant: _____

First

Middle

Last

Mailing Address: _____

Home/Cell Phone: _____ Gender: _____

Email Address: _____

Date of Birth: _____ Social Security No.: _____

Name of High School: _____ Year of Graduation: _____

Date of Church Membership: _____

List Church Activities: _____

List Community and School Activities: _____

References (Please list two non-relatives and include email address and phone number for each)

College or University you will attend _____

Are you a full time student? Yes No

Name of Father/Male Guardian: _____

Address: _____

Name of Mother/Female Guardian: _____

Address: _____

Number and ages of brothers and sisters living at home or currently in school:

Ages: _____

Signature of the Applicant

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Please send Application to:
Outer Banks Presbyterian Church
PO Box 2199
907 S. Croatan Hwy
Kill Devil Hills, NC 27948