

AP
* minority only *

City Wide Missionary Society Scholarship Form - 2021

Port St. Joe, Florida

Personal Data

Ms.

Name: Mr. _____

Address: _____

Street

City,

State

Zip Code

E-Mail Address _____

Name of Parent(s) / Guardian(s) _____ Telephone _____

Name of Church You Attend _____ Are you a member? Yes ___ No ___

Name of High School You attend: _____

Briefly describe your participation in church, school, and community activities (Use additional sheet if needed) _____

School Verification (to be completed by an administrator at school (i.e. guidance counselor)

This is to certify that _____ will graduate from the school indicated above, with a _____ grade-point average. I hereby recommend this applicant for a scholarship award based upon his/her academic ability _____ and financial need _____.

Signed _____

Position _____

Name and city of the college/vocational school you will attend: _____

CHARACTER REFERENCE

(Must not be a relative)

This is to verify that I have known _____ for _____ years. I recommend him/her as a person of good character based on the following:

Comments: (required) _____

Printed Name

Signature

Date

Legible Signature of Student: _____ Date: _____

Applications Must be returned to the school's guidance counselor no later than April 16th. (2021)