

C.N. Jenkins Memorial Presbyterian Church
Scholarship Committee
Request for Hardship Scholarship
Date _____

Applicant Name: _____
Address _____
Phone (Home): _____ Cell: _____
Email address: _____

Help us to better serve you by taking a few minutes to respond to the following questions. Thank you!

- Applicant is making a hardship request. Applicant must document reason/explanation to justify the request.

What hardship are you experiencing? _____

How would this scholarship impact your career and educational goals?

Career goals: _____

Are you a church member? _____ How long? _____

What ministries are you active with? _____

1st time request? _____ If no, how many other requests? _____

Have you sought other financial assistance? (E.g. grants, fellowship,
loan) _____

If the scholarship is not awarded, will you be able to continue your education?

Award Year _____ Award \$ _____

Approved by: Scholarship Committee Date: _____