

BOOK SCHOLARSHIP APPLICATION FORM

COVENANT PRESBYTERIAN CHURCH

Date _____

Name of Applicant _____

School Attending _____

Year in School Fr. So. Jr. Sr. Graduate Program

Phone _____ Email _____

Home Address _____

Parent's Name _____

Member of Covenant since _____ (Date)

Active at Covenant since _____ (Date)

List the classes you are enrolled in this term:

	<u>Class</u>	<u>Credit Hours</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

Please enclose a copy of your receipts for your books along with this completed form. (Let us hear from you soon – Covenant cares!)

Send to: Scholarship Committee (Attn: Mary Ellen Frost)
 Covenant Presbyterian Church
 2439 McGregor Boulevard
 Fort Myers, FL 33901