

ADVENT PRESBYTERIAN CHURCH
JON SHOBER MEMORIAL SCHOLARSHIP FUND

Attach
Current
Photo

PERSONAL DATA:

Name _____
 First Middle Last

Current Mailing Address _____
 Number Street City State Zip

Permanent Address _____
 Number Street City State Zip

Telephone () _____ () _____
 Current Permanent

_____ Social Security Number _____ Driver's License Number

Date of Birth _____ Marital Status _____

Father's Name _____

Occupation _____

Mother's Name _____

Occupation _____

Parents' Permanent Address _____

_____ Telephone () _____

Parents' Dependents (State ages and name of school)

EDUCATION:

High School _____
Name & Address

_____ Date of Graduation _____

School or College attended after High School _____

School or College for Loan Request _____

Date of Expected Graduation _____

EMPLOYMENT:

Past _____
Employer Address

Current _____
Employer Address

FINANCIAL INFORMATION:

	Estimated Receipts		Estimated Expenditures
From Parents	\$ _____	Tuition	\$ _____
Current Scholarships:		Fees	\$ _____
_____	\$ _____	Other Expense (Itemize)	\$ _____
Source		_____	_____
_____	\$ _____	_____	_____
Source		_____	_____
_____	\$ _____	_____	_____
Expected Scholarships:		_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
Other Income (Specify Source)		_____	_____
_____	\$ _____		
_____	\$ _____		
Total Estimated Income	\$ _____	Total Estimated Expenses	\$ _____