

CHARLES C. COFFEY MEMORIAL SCHOLARSHIP APPLICATION

(Picture)

Date _____, 20_____

GENERAL INFORMATION

Name: _____
Last First Middle

Home Address: _____
Number Street Box Number
_____ City State Zip

Phone Number _____

FAX _____

E-Mail _____

Place of birth _____ Date of birth _____

Married _____ Single _____ Divorced _____ Widowed _____

Spouse's Name _____

Children's names and ages _____

EDUCATIONAL BACKGROUND

1. **High School** _____ Years _____ Graduated _____
_____ to _____

2. **College** _____ to _____

3. I will graduate from college in _____, 20_____ with the _____ degree in

_____. I plan to attend _____ Seminary
or _____ Divinity School in

City State

4. I have been accepted and am beginning my ___ first ___ second ___ third ___ fourth
year at _____ Seminary or _____
_____ Divinity School.

5. I will graduate from seminary/divinity school in _____, 20___ with the
_____ degree in _____.

6. Have you received any additional scholarships? _____ If yes, please state the
names and amounts _____

EMPLOYMENT RECORD

Employer	Dates	Nature of work
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHURCH AFFILIATION

I am currently a member of _____ Church. I have served in the
following positions here or at other churches.

1. _____
2. _____
3. _____

The following persons may be contacted for references, if the committee so desires.

1. _____ Address _____

City _____ State _____ Zip _____ Phone() _____

2. _____ Address _____

City _____ State _____ Zip _____ Phone() _____

Signature _____

Date _____

APPLICATION DEADLINE

- Fall Semester, August 1
- Spring Semester, December 1

IF YOU ARE SELECTED TO RECEIVE A SCHOLARSHIP AWARD, YOU WILL BE CONTACTED.

FOR OFFICE USE ONLY

DO NOT WRITE IN THIS AREA

Received request for application on _____ By _____

Application received in office on _____ By _____

School Identification Number _____

Social Security Number _____

Revised 09/16/04

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AUTOBIOGRAPHY