

ABSALOM JONES SCHOLARSHIP APPLICATION FORM

Name _____ **Date of Birth** _____

Address _____ **Home Phone: (____)** _____

City/State/ZIP _____

E-mail Address _____

Name of School Currently Attending _____

College/Seminary/Vocational School(s) you have applied to attend in the fall

List any awards and/or honors you have received since beginning high school (school or community) _____

Name of parent(s)/guardian(s) with whom you reside: _____

Number in household your parent(s)/guardian(s) currently supports financially (including applicant) _____

Please describe any circumstance that may affect your family's ability to pay for your continued education (medical, unemployment, divorce, etc.) _____

For any of the above, you may attach an additional sheet(s) if necessary.

Required Signature:

All of the information I have provided in this application is accurate to the best of my knowledge and subject to verification by the Scholarship Selection Committee. I understand that this application and any supporting material submitted become the property of and will be retained by the Scholarship Selection Committee.

Applicant's Signature _____ **Date** _____

Parent's/Guardian's Signature (if applicable*) _____ **Date** _____

*Signature of parent or guardian needed if applicant is under 18 years of age.

Revised 12/21/05