

**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*