



Bucks County Presbyterian Church
1550 Woodbourne Road, Levittown, PA 19057
Phone: (215) 945-1512

STUDENT SCHOLARSHIP APPLICATION FORM

APPLICATION DEADLINE IS **June 30th, 2022**

Applicant Name: _____

Email Address : _____

Date of Birth: _____/_____/2022 Daytime Phone: (_____)_____

Permanent Address _____

City _____ State _____ Zip Code _____

School Name: _____

Major/Program _____

INSTRUCTIONS

Please submit the following documents along with this application form. Your application will not be considered until the Bucks County Presbyterian Church Scholarship Committee receives all the required documents.

Eligibility:

1. Applicant must be a senior in high school who is college-bound, or a student currently enrolled in a college/university.
2. Applicant must have at least a 3.0 GPA (unweighted)
3. Applicant must demonstrate at least 90% attendance from Sunday worship services either in-person or online.
4. Applicant must demonstrate volunteer work at BCPC and/or another local church. The applicant must be an active volunteer of BCPC or a local church.

Application: Please submit the following documents to scholarship@mybcpc.org.

1. Completed scholarship application form
2. Contact information of an attending church pastor(s) for verification purposes
3. Scholarship essay (approximately 1000 words): Choose ONE of the topics below.
 - a. What are your academic/career goals and in what ways can BCPC help you achieve your goals?
 - b. Who is your spiritual role model and why?
 - c. Describe your church volunteer work. What did you learn from it and how did it affect you and your life?
4. Copy of official transcript from either high school or college/university



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Church Attendance & Volunteer Work (Aug. 2020 ~ May 2022)

The following sections of this application must be completed.

Church Attendance:

During the time period, I have attended worship services in-person or online 90% or more.
 (YES / NO) If not, _____%

Church Volunteer Work Information:

I have provided church volunteer work for more than 60 hours or more.
 (YES / NO) If not, _____ hours total

Content / Type	Total number of Hours

Pastor or Ministry Leader

I, as the pastor or Ministry leader, provide willingly attendance and church volunteer information for the last two years. I'm granting full authority to the committee to review, confirm, and investigate, if necessary, any information provided. I further state that I've been truthful and have not provided false or misleading information under the law and before God. I agree and acknowledge this statement with the signature below:

Name _____ Phone number: (_____)_____

Church Name _____ Position _____

Signature _____ Date : ____/____/2022

Statement of Accuracy

I hereby affirm that all the above-stated information provided by me is true and correct to the best of my knowledge. I do not want any of the application materials returned.

Signature of scholarship applicant: _____ Date: ____/____/2022