

**PRESBYTERY OF SAN JOSE
PRESBYTERY SCHOLARSHIP FUND
APPLICATION FOR FINANCIAL ASSISTANCE**

NAME: _____ DATE: _____

ADDRESS: _____
 St. # City State Zip Code

TELEPHONE : _____

EMAIL: _____

HOME CHURCH: _____

(CIRCLE ONE) YOUTH (THROUGH 22) ADULT (23 AND OLDER)

NAME OF CONFERENCE OR EVENT:

DATE(S): _____

LOCATION: _____

SPONSOR OF EVENT: (i.e. Presbytery, Synod, GA, etc.)

PURPOSE FOR ATTENDING EVENT:

TOTAL COST & TRANSPORTATION \$ _____ AMOUNT REQUESTED: \$ _____

MAKE CHECK PAYABLE TO: _____

AND SEND TO: _____

SIGNATURE OF APPLICANT: _____

Please mail or fax to Presbytery Office, 880 N. 1st Street #320, San Jose CA 95112.
Telephone 408 279 0220; Fax 408 279 5261; email natasha@sanjosepby.org
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APPLICATION APPROVED BY _____ COMMITTEE OF PRESBYTERY

DATE: _____

BUDGET LINE: _____

COMMITTEE CHAIR SIGNATURE _____