

MARK E. DAVIS MEMORIAL SCHOLARSHIP APPLICATION FORM
For the 2019-2020 Academic Year

(name of applicant)

(address of applicant)

(parents'/guardians' name and address—please provide if applicant is under 18 years of age)

(_____) _____ _____
(applicant's telephone number- home or cell) (applicant's email) (applicant's date of birth)

Please complete the following:

I am currently attending (name of high school or college) _____

My anticipated graduation date is (indicated whether in high school or college) _____

If graduating from high school, please provide the name of the 4-year accredited college/university you will attend. If still undecided, provide the names of schools where you have been accepted. _____

If in college, please provide the course of studies in which you are majoring (and minor course of studies if applicable) _____

My Grade Point Average (GPA) is (indicated whether in high school or college) _____

Please attach the following documents:

1. Official school transcript for grade verification.
2. Minimum of one letter of recommendation from an academic teacher or counselor, church leader, or community leader— this does not include a coach, choral director, band director, or voice teacher. (Applicants are encouraged to provide additional letters of recommendation)
3. Any additional information that you feel the committee would need to know in determining this award.

MARK E. DAVIS SCHOLARSHIP RECIPIENT SELECTION COMMITTEE ("Award Committee")
STATEMENT OF PURPOSE: The MARK E. DAVIS MEMORIAL SCHOLARSHIP FUND is intended as an expression of the Davis Family's thanksgiving and stewardship with the hope that the ministries of Jesus Christ will be strengthened and extended in the life of the Church. It is the purpose of the Award Committee to receive and review all applications with the intent to annually award the scholarship to an applicant who demonstrates a high level of academic, religious and community-oriented commitment and achievement consistent with the values and criteria upon which the Memorial Fund is based.

(signature of applicant)

(date)

(signature of parent/guardian)

(date)

Note: Additional Questions on Page 2

In the space below, please provide information as to any academic honors received (*please provide whether in high school or college*) _____

In the space below, please provide information as to any activities or groups with which you are/have been involved either in the community, at school, or at Reformation during the current year _____

In the space below, please provide a brief statement as to your education and occupational goals.

In the space below, please provide a brief statement as to how you see the work of the Church and your involvement with the Church can assist you in achieving your educational and occupational goals.
