

First Presbyterian Church



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Educational Scholarship Application

Applicant's Name (Last, First, Middle)			
Home Address	Street		
	City	State	Zip
Mailing Address (check if same as above <input type="checkbox"/>)	Street		
	City	State	Zip
Telephone No. ()		Cell phone No. ()	
Email Address:			
<input type="checkbox"/> Member of First Presbyterian Church <input type="checkbox"/> Actively Involved in life of the church			Years:
<input type="checkbox"/> Other			
Parents Guardian (Circle one) Other-	Title: Mr. Ms. Mrs.	Name	Relationship
Name Of School You Will Be Attending:		Start Date Of Academic Year:	
Location Of School		Entrance: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring	
Please give a brief description of educational goals:			
Please give a brief statement of faith:			