



# *First Presbyterian Church*

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[www.dunellenpres.org](http://www.dunellenpres.org)

Date:

## RE: **First Presbyterian Church Memorial Fund for Education Grant Application**

Dear Student,

Attached to this cover letter is the Application for Financial Grant from the Memorial Fund for Educational Purposes.

Please complete all sections of the application form. Details are used to determine needs and make selections. The requirements for the grant application are listed below. Applications will be returned if incomplete.

(Note- contact the church office for the Date of Church Membership)

All information will be considered as private personal information and kept locked in the Treasurer's office.

### REQUIREMENTS FOR USE:

- A. The applicant must be a Covenant Partner (member) in good standing of the First Presbyterian Church of Dunellen
- B. The applicant must show evidence of financial need and worthy purpose in pursuing the course of higher education.
- C. The applicant must be seeking entrance to or attending an accredited institution.
- D. The financial assistance shall be in the form of a grant. Students are encouraged to donate to the fund after graduation.
- E. The maximum grant limit is established at \$1,000 per year and a maximum of \$4,000 per student over four years. Distribution will be made in two payments. One half of the grant will be paid in July/August for the Fall (September) semester and half in November/December for the Spring (January) semester. The applicant only needs to supply the Scholarship Commission a report of the September semester grades for the second payment to be made. This is to insure Funds are being spent wisely.
- F. If the applicant elects to reapply for another grant to continue schooling, they will supply the Scholarship Commission a report of the previous semester grades with the application.
- G. The student is required to notify the Session each semester as to his/her student status in response to the Letter of Interest. Failing to do so will prevent approval of future grants.

Questions can be emailed to [ScholarshipCommission@Dunellenpres.org](mailto:ScholarshipCommission@Dunellenpres.org)

The Scholarship Commission

*A multicultural family, growing in faith, connecting people with Christ.  
Somos una familia multicultural, creciendo en la fe, alcanzando a todos para Cristo.*

Senior Pastor  
*Rev. Tim Osborne*

Associate Pastor  
*Rev. Dr. Silvio Del Campo*

Assistant Pastor  
*Rev. Audrey Del Campo*

Finances  
*Caren Zambrano*

Clerk of Session  
*Suzanne Geiger*

Administrative Assistant  
*Denisse Rosales*

**The First Presbyterian Church of Dunellen  
APPLICATION FOR FINANCIAL GRANT**

From Memorial Fund for Educational Purposes

For Students pursuing a recognized degree path for education beyond high school at an accredited institution.

Note: Application must be submitted three months before grant is required. Grants cannot exceed \$1,000 per year and will be paid prior to each of the first two semesters.

**To Be Completed by Applicant only**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 eMail Address \_\_\_\_\_  
 Date of Church Membership \_\_\_\_\_ Church Activities \_\_\_\_\_

Name of College/School \_\_\_\_\_ Location/Campus \_\_\_\_\_  
 Student ID Number \_\_\_\_\_  
 Address of College/School \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Expected Graduation Year \_\_\_\_\_ Expected Goal \_\_\_\_\_  
 If Married, Number of Dependents \_\_\_\_\_  
 Name of Parents/Guardian \_\_\_\_\_  
 (If applicable)  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please check the appropriate net family income before taxes.

Under \$20,000		\$20,000-\$30,000		\$30,000-\$40,000	
\$40,000-\$50,000		\$50,000- \$60,000		Over \$60,000	

**Has Applicant applied for and/or received other scholarships, loans or tuition aid grants?**

If Yes List Sources Amounts Yes \_\_\_\_\_ No \_\_\_\_\_

Reason(s) for applying for this grant (Explain financial needs---see requirement "B" on letter)

Do you accept all requirements and conditions for this grant? Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

**Check should be mailed to the College / School Bursar or Admissions office at the following address:**

Name of College/School \_\_\_\_\_ Location/Campus \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Attention \_\_\_\_\_