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 pat@sanjosepby.org

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APPLICATION APPROVED BY _____ COMMITTEE OF PRESBYTERY

DATE: _____

BUDGET LINE: _____

COMMITTEE CHAIR SIGNATURE _____

11/08/06