

Albert W. Van Duzer Scholarship Fund Application

Please type or print

NAME OF APPLICANT: _____

ADDRESS: _____ City _____ State _____ Zip Code _____

HOME PHONE: _____ CELL: _____

HOME EMAIL: _____

HOME CONGREGATION: _____ CITY: _____

NAME OF CLERGY: _____

CLERGY SIGNATURE AND DATE: _____

NAME OF HIGH SCHOOL: _____ CITY: _____

GRADUATION DATE: _____

NAME OF COLLEGE/UNIVERSITY: _____

CITY/STATE: _____ Application Status _____

Completed packets **must** be received by April 6, 2018.

PLEASE NOTE: Incomplete packets will not be considered.