

VINCENT E. TABER

MEMORIAL SCHOLARSHIP APPLICATION FORM

Name _____

Address _____ State _____ Zip _____

Telephone _____ Email _____

Church Membership _____ Pastor _____

Educational Status: Please give us your educational status including the name of your school, your year of study, your major, and whether or not you are a full time student.

How would you explain God's call on your life?

Checklist of enclosures

- ✓ _____ copy of transcript for last year of schooling completed.
- ✓ _____ financial need form
- ✓ _____ letter of recommendation from pastor

Signature of applicant

Date

***Please return scholarship application form by September 15, to:
Eastern Regional Association, Post Office Box 1913, Rochester, NH 03866**