



## Scholarship Guidelines

The Waldensian Presbyterian Women Scholarship Board of Trustees wishes to make the following information known to all scholarship applicants:

The Scholarship Board of Trustees, selected and appointed as impartial, discerning administrators, accept the challenge of governance of the Waldensian Presbyterian Women Scholarship Program acting in good faith and within the Waldensian Presbyterian Women By-laws and with full accord of the Session of Waldensian Presbyterian Church.

### Initial Application Requirements

1. Complete application form
2. Essay
3. Transcript of complete high school and/or college credits, to date
4. Provisional acceptance by an accredited two- or four-year undergraduate or graduate school, if available
5. Three (3) personal letters of recommendation/reference

### Criteria for Selection

1. Applicant must meet criteria in either A. or B.
  - A. Applicant is an active, resident member of Waldensian Presbyterian Church for the past 12 months or has been a member for that period of time prior to entering college.
  - B. Applicant is a High School Senior Girl Scout or Boy Scout active in troops sponsored by Waldensian Presbyterian Church for a minimum of 2 years.
2. Applicant must be a full-time student for the year applying for scholarship.
3. Applicant must submit evidence of high academic achievement maintaining a minimum Grade Point Average of 2.5.

### Renewal Application Requirements

- A student is eligible for one renewal scholarship during his/her academic studies
- Applications for scholarship renewal must be received by the March 1 deadline.  
A complete college transcript is required that includes the semester immediately prior to the application

### Scholarships

Scholarships up to \$1,000 are awarded for only one academic school year and must be re-applied for by the student. Scholarships may be awarded only twice during a student's academic studies.

## Scholarship Policies

1. Waldensian Presbyterian Women Scholarship Endowment, Michael J. Morse Scholarship Endowment, Rostan Family Scholarship Endowment, and the Hugh and Mildred Fletcher Scholarship Endowment awards scholarships annually for undergraduate and/or graduate studies.
  
2. **Deferment Policies – Scholarships may be deferred by students who interrupt their education for church service, military service or medical reasons. A written notification must be submitted to the Scholarship Board of Trustees explaining the reason for deferment, when the student is leaving and when they expect to return. To reinstate the scholarship, the student must notify the Scholarship Board of Trustees two months prior to their return. Deferment is limited to 30 months.**
  
3. Deadlines – Scholarship applications must be submitted before March 1.
  
4. Funds are Specific – All scholarships are specific for the purpose they are awarded. Disbursement is made directly to the college or university. Any exception must be approved by the Scholarship Board of Trustees.
  
5. Other conditions – Other situations not covered in these policies will be considered on an individual basis by the Scholarship Selection Committee and the Scholarship Board of Trustees.
  
6. Any questions should be referred to the Scholarship Board of Trustees.
  
7. Scholarship applications must be returned, postmarked by the March 1 deadline, to the church office at:  
Waldensian Presbyterian Women Scholarship Board  
Attention: Scholarship Selection Committee  
Waldensian Presbyterian Church  
109 Main Street E  
Valdese, NC 28690

**Waldensian Presbyterian Women  
Renewal Scholarship Application**

(Please type or print clearly – To be completed by applicant.)

Applicant's Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cellphone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

(If applicable)

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

(If applicable)

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

If you do not live with your parents, give name and address of your Guardian/spouse:

\_\_\_\_\_  
\_\_\_\_\_

(If applicable)

Father's Occupation \_\_\_\_\_

(If applicable)

Mother's Occupation \_\_\_\_\_

(If applicable)

Applicant's Occupation \_\_\_\_\_

(If applicable)

Spouse's Occupation \_\_\_\_\_

High School you attended: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

College currently attending \_\_\_\_\_ Expected date of college graduation \_\_\_\_\_

Last Institution of higher learning attended: (If applicable)

Dates attended: \_\_\_\_\_

Church Membership: \_\_\_\_\_

Church Activities (if any): (may continue on back) \_\_\_\_\_  
\_\_\_\_\_

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Community Activities (if applicable): (may continue on back) \_\_\_\_\_  
\_\_\_\_\_

College Activities: (may continue on back) \_\_\_\_\_  
\_\_\_\_\_

What is your intended Major? \_\_\_\_\_ Minor? \_\_\_\_\_

Have you applied for any other scholarship aid? If so, list and state value.

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Have you been awarded any other scholarship aid? If so, list and state value.

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Have you applied for any kind of work scholarship whereby you may earn part of your tuition?

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What are your goals upon graduation?

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ATTACH an official transcript of your grades, the completed financial statement and return NO LATER THAN MARCH 1 to the following:

Presbyterian Women Scholarship Board  
Attention: Scholarship Selection Committee  
Waldensian Presbyterian Church  
109 Main Street E  
Valdese, NC 28690

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Revised February 24, 2014

**FINANCIAL INFORMATION**

(Please type or print clearly - To be completed by Parent/Guardian or Person financially responsible)

Father's Name: (where applicable) or Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Mother's Name: (where applicable) or Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Annual expenses: Total \_\_\_\_\_ Distributed as follows:

Room/board \_\_\_\_\_ Tuition/fees \_\_\_\_\_ Books \_\_\_\_\_

Expected Financial Need: \_\_\_\_\_

Expected date of completion of academic study: \_\_\_\_\_

How many persons (children, relatives, etc.) are dependent upon your income?  
\_\_\_\_\_

How many dependents will be enrolled in a college or university in the coming school year? \_\_\_\_\_

Reasons for this scholarship request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

*All information on this page is considered strictly confidential and  
may not be released without consent of the signee.*