

**PCEA
Charlotte Chapter #1
Dependant Scholarship Application**



Name: _____
 Last First Middle

Address: _____

Phone Number: _____ Date of Birth _____

PCEA Parent or Guardian's Name: _____

School you Presently Attend: _____ Present Grade level: _____

College Attending: _____

Are you a recipient of any other scholarships? _____

Field of Study / Major: _____

Activities / Hobbies / Accomplishments

1. Personal Reference: _____
 Name Occupation Phone

2. Personal Reference: _____
 Name Occupation Phone

3. Personal Reference: _____
 Name Occupation Phone

Signature of Applicant: _____ Date: _____

