

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 32 Four Rod Road,
Rochester, NH 03867

CET 05/11