

## Scholarship Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_  
 Street Address \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current High School.: \_\_\_\_\_ # of years attended: \_\_\_\_\_

Do you attend church (or youth group)? YES  NO  Church Name: \_\_\_\_\_

Future plans after graduation: \_\_\_\_\_  
 \_\_\_\_\_

### Family Information

Mother's/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Father's/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### References

*Please list two character references (not relatives).*

Full Name: _____	Relationship: _____
Address: _____	Phone: _____
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Address: _____	Phone: _____
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## Extra Curricular Activities

List school, church or community activity participation during high school (Use additional sheets if necessary):

## Essay Question #1

What lessons or activities from P.I.N.K helped influence you throughout high school? (Use additional sheets if necessary):

## Essay Question #2

Pick two of the following words and describe how and why they pertain to you: Purity, Integrity, New Ideas, Knowledge (Use additional sheets if necessary):

## Statement of Accuracy

*I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the PLC Health Clinic Trina Langdon Scholarship for P.I.N.K. Graduates.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_