

Award Application Form
Educational Grant Assistance Fund
Lexington Presbyterian Church
Main and Nelson Street
Lexington, Virginia 24450

A. Identification Information:

Mr./Mrs./Ms _____
(First Name) Middle Initial (Last Name)

Mailing Address _____ Telephone _____
e-mail: _____

- e-mail address or telephone number at which you can be reached _____
- If you do not receive confirmation that the committee has received your application within a week of submitting the application form, or by the application deadline, please call the church office.**

B. Description of Proposed Study:

1. Type of Educational Program: (a) College (1) Full time ___ (2) Part time ___
(b) Vocational ___ (c) Graduate/Professional ___ (d) Other ___
2. Name of institution offering the program: _____
3. Have you been accepted into the program? _____
4. Anticipated starting date: _____
5. Concisely describe how this training program will assist you in realizing your personal career goals:

