

CEDARVILLE
UNIVERSITY
FINANCIAL AID

GLADYS YORK MEMORIAL SCHOLARSHIP APPLICATION

Last name First M.I. Street Address Apt.

Student ID Number Street Address

Anticipated Number of Credit Hours:

SU _____ FA _____ SP _____

City/Town State Zip

GPA (minimum 2.0 required): _____

Year in College: FR SO JR SR

Major: _____

Are you a member and/or active attender of the Calvary Baptist Church in Parkertown, New Jersey? YES NO

STATEMENT OF AGREEMENT

I understand that if I am chosen as a recipient of the *Gladys York Memorial Scholarship*, I am required to write a paper during the Spring quarter of the academic year in which the scholarship is received. The paper must give an account of what I have accomplished in terms of my established goals in the categories below. I further understand that I must remain in good academic standing in order to continue to receive the *Gladys York Memorial Scholarship*. I understand that the scholarship is awarded based on demonstrated financial need, and I must file the [Federal Application for Federal Student Aid \(FAFSA\)](#) to qualify. Enclosed is a copy of my pastor's recommendation.

Signature: _____ Date: _____

PLEASE COMPLETE THE INFORMATION BELOW
(This information will be reviewed to determine your eligibility.)

What are your spiritual goals for the coming year?

What are your academic goals for the coming year?

What are your long term career and professional goals?

Students from southern New Jersey who are not members of Calvary Baptist Church may be eligible for the scholarship if there are no eligible members from Calvary Baptist Church.

251 N. Main St.
Cedarville, OH 45314

www.cedarville.edu/dept/fa
finaid@cedarville.edu

800-444-2433 (toll free)
937-766-7639 (fax)