

KATHLEEN CHOATE SCHOLARSHIP

This scholarship will be given in honor of God and to celebrate Kathy Choate and her amazing 30-year career at First Nursery School where she touched countless lives and instilled a love of Jesus in all who know her. A \$500 scholarship will be awarded each year as funds are available. The scholarship will be awarded to a student who is pursuing a degree in Early Childhood education (Pre-K - Grade 4).

Details:

- The award will be given annually.
- The scholarship will be \$500 if accumulated income warrants.
- Highest priority will be given to former students of First Nursery School.

Eligibility:

- Must be admitted to an institution of higher learning for the upcoming academic year.
- Must be pursuing a degree in Early Childhood Education (Pre-K - Grade 4)

To apply, please submit the following to First Church Williamsport:

- Completed application
- Two (2) listed references

*Deadline to submit completed application is: **Thursday, April 25 at 3:30 PM.***



BASIC INFORMATION

FULL NAME: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

SEX: _____ DID YOU ATTEND FIRST NURSERY SCHOOL? _____

EDUCATION INFORMATION:

HIGH SCHOOL: _____

GRADUATION DATE: _____ GPA: _____

ANTICIPATED COLLEGE PLANS:

SCHOOL

SCHOOL ADDRESS

ENROLLMENT TYPE

CHURCH INFORMATION

DO YOU REGULARLY ATTEND A LOCAL CHURCH? (CIRCLE ONE) YES NO

IF YES, WHERE?

CHURCH

CHURCH ADDRESS

SIGNATURE

I acknowledge the information above is correct and that I am enrolled in Early Childhood Education Pre-K through 4th grade.

X: _____

REFERENCES

This scholarship requires the applicant to provide a minimum of two (2) character references. References may not be a relative of applicant but should have a strong relationship with them. Pastors, mentors, teachers, coaches and employers are all welcomed. Please obtain permission from references you choose to submit.

REFERENCE 1

FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

RELATIONSHIP TO REFERENCE: _____

REFERENCE 2

FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

RELATIONSHIP TO REFERENCE: _____