

**CALVIN COLLEGE ALMUNI ASSOCIATION
SOUTHEASTERN FLORIDA CHAPTER
SCHOLARSHIP APPLICATION**

Thank you for applying for a scholarship offered by the Calvin Alumni Associations. To be eligible, you must be at least a high school senior who resides full-time in Florida and who has applied to Calvin College. To help us make our selection, please complete the following application. The selection committee will make it's decision based on the following criteria:

- *Your answers to the question on the attached sheet
- *Your involvement in extracurricular activities such as work, school clubs, and volunteer projects
- *Two written references (see attached form)
- *Most recent school transcript

Please submit your application no later than February 2, 2011 to:

Mr. Phil Wierenga
10811 Cambay Circle
Boynton Beach, Florida 33437
561.364.0471

Personal Information:

Name: _____ Birth date: _____

Street _____ City _____

State _____ Zip code _____

Educational Background:

High School _____ Graduation _____

Location _____

College _____ Graduation _____

Location _____

Employment History:

List employers for whom you have worked part-time or full-time over the past three years

| Dates | Employer | Address | Telephone |
|-------|----------|---------|-----------|
| 1 | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ |

Please attach a list of all the extracurricular activities, honors, and volunteer projects in which you have participated in high school.

Please attach an essay of a few paragraphs on the following topic: As Christians, we are called to have a servant's heart. Describe what this means to you personally. Include some experiences you have had in God's service along with your responsibility to God's call.

References:

List two people from whom the committee can expect a personal reference. Include one high school teacher

| Name | Address | Telephone | Occupation |
|------|---------|-----------|------------|
| 1 | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ |

I verify that all the information in this application is accurate. Scholarship awards will be decided in March and announced in April. All decisions of the committee will be final.

**CALVIN COLLEGE ALMUNI ASSOCIATION
SOUTHEASTERN FLORIDA CHAPTER
SCHOLARSHIP APPLICATION**

Your help in providing an evaluation of the applicant for this scholarship is valuable in making the award decisions. Thanks you for your time and effort preparing it.

Please return this completed form to:

Mr. Phil Wierenga
10811 Cambay Circle
Boynton Beach, Florida 33437
561.364.0471

Applicants Name: _____

Reference Name: _____ Telephone _____

What is your relationship to the applicant and how long have you known this person?

Applicant's personal character and Christian commitment:

Applicant's ability and work ethic: