

St. Andrew's Presbyterian Church of Beaumont Foundation, Inc.  
Beaumont, Texas  
**ATTN: Scholarship Committee**

APPLICATION FOR ANDERSON SCHOLARSHIP

**PLEASE PRINT...BLACK OR BLUE INK ONLY**

**DATE:** \_\_\_\_\_

**GENERAL INFORMATION**

Name: \_\_\_\_\_ SSN or Student ID: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_\_

Name of Parents/Guardian \_\_\_\_\_

St. Andrew's Presbyterian member? \_\_\_\_\_

**ANTICIPATED EDUCATION INFORMATION**

What school(s) have you been accepted for Fall 20\_\_\_\_?

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**PLEASE ATTACH A COPY OF YOUR ACCEPTENCE LETTER (S) if available/or submit by August 1.**

**WHY DO YOU THINK YOU SHOULD BE AWARDED THIS SCHOLARSHIP?** (ATTACH  
ADDITIONAL PAGE(S) IF NEEDED)

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**LIST YOUR CURRENT & ONGOING PARTICIPATION AND/OR SERVICE AT ST. ANDREWS**

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I hereby affirm that all of the above stated information is true and correct to the best of my knowledge. I also consent that my picture may be used for any purpose deemed necessary to promote the Virginia Anderson Scholarship Program.

APPLICANT'S SIGNATURE:

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PRINT PARENT/GUARDIAN NAME(S): \_\_\_\_\_

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PARENT/GUARDIAN SIGNATURE(S): \_\_\_\_\_

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Thank you for taking the time to complete this application.

We will be in touch with you shortly to inform you of your status.



Questions should be direct to Martha Pate

at [mpate@gt.rr.com](mailto:mpate@gt.rr.com) or (409) 866-5965

Please include contact information with questions.