

HERB FUND APPLICATION

NAME: _____ PHONE: _____ DATE: ____/____/____

DATE OF BIRTH: ____/____/____ EMAIL ADDRESS: _____

MAILING ADDRESS: _____

CURRENT STUDENT STATUS

WHAT YEAR ARE YOU IN? _____ WHAT IS YOUR MAJOR? _____

WHAT SEMESTER ARE YOU APPLYING FOR? _____ AMOUNT REQUESTED: _____

REASON FOR REQUEST: _____

ADDRESS OF SCHOOL BURSAR'S OFFICE: _____

TUITION DUE DATE: _____

Please list all academic awards or scholarships that you are currently receiving: _____

SUPPORTING DOCUMENTS AND REFERENCES

Please attach:

1. Personal Statement
2. Name and full contact information of the person who referred you

Please submit this completed application with all supporting documents to:

FPCNV Board of Deacons/Herb Fund, PO Box 218, New Vernon, NJ 07976