



# Robert T. Longway Memorial Scholarship

2020

**The application must be fully completed and submitted on time to be considered.**

**Please note: In order to be eligible for the Longway Scholarship, you must be: Accepted by a college as a full-time first year undergrad student. This is a four year scholarship in which a "C" average or better must be maintained.**

**Once all applications have been received, each applicant will be contacted by phone for an interview. 75% of the selection criteria is based on the application, grade point average, Pipe participation, leadership and a written essay. Describe in the essay your experiences in the Youth Ministry and discuss what these experiences have meant to you (approx. 500 words). 25% is based on extra-curricular activities and the interview. Please include a cover letter and three letters of recommendation. Financial need is a consideration.**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

STREET ADDRESS (if different from yours): \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

STREET ADDRESS (if different from yours): \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

BROTHERS: \_\_\_\_\_ SISTERS: \_\_\_\_\_  
Number Ages Number Ages

NAME(S) OF PARENT/GURADIAN WHO SUPPORTS YOU: \_\_\_\_\_

HIGH SCHOOL (Grades 9-12):

1. \_\_\_\_\_  
Name Dates Attended

2. \_\_\_\_\_  
Name Dates Attended

EXPECTED DATE OF GRADUATION: \_\_\_\_\_

LIST COLLEGES TO WHICH YOU HAVE APPLIED (Proof of acceptance is required):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

WHAT WILL THIS SCHOLARSHIP BE USED FOR?

\_\_\_\_\_  
\_\_\_\_\_

ACADEMIC INTEREST OR FIELD OF STUDY:

MAJOR: \_\_\_\_\_ MINOR: \_\_\_\_\_

SOURCES WHICH WILL CONTRIBUTE TO YOUR FINANCIAL SUPPORT (check all that apply):

WORK  FAMILY SUPPORT  LOAN  SCHOOL/STATE GRANT

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

OTHER (explain): \_\_\_\_\_

ACADEMIC HONORS RECEIVED:

NAME

REASON GIVEN

DATE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PIPE YOUTH ACTIVITY:

Please rate your level of activity in the youth ministry for each year in school.  
 (1=Not Active, 5=twice a month, 10=here every week)

Grade	Sunday Morning Worship and/or church school	Sunday Night Pipe	Other Regularly Involved FPCF Activities
7th Grade			
8th Grade			
9th Grade			
10th Grade			
11th Grade			
12th Grade			

OTHER ACTIVITIES (e.g student government, clubs, athletics, scouts, music, community service, etc.)

NAME OF ACTIVITY

YEARS OF  
PARTICIPATION

OFFICES HELD/  
AWARDS RECEIVED

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EMPLOYMENT (DATES, HOURS, RESPONSIBILITES)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_