



Robert T. Longway Memorial Scholarship

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

EMPLOYMENT (DATES, HOURS, RESPONSIBILITES)

1. _____
2. _____
3. _____