

MARY BIGLER HINKLE SCHOLARSHIP APPLICATION

Name: _____ Email Address: _____

Address: _____

Phone Number: _____ (Home) _____ (Office or Cell)

Date of Birth: _____ Marital Status: Single Married Divorced Widowed

Number and age(s) of dependent(s): _____

Home Church/Church Being Served: _____

Church's Phone: _____

Church's Address: _____

District: _____

Graduate School you will attend during scholarship year: _____

Academic classification during scholarship year: _____

Will you be enrolled full-time? If not, number of hours registered: _____

When will you graduate? _____ With what degree? _____

Institutions of Higher Education Attended (list present school first):

Institution	Dates Attended	Degree	Major	Grade Pt. Avg.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all financial assistance and/or scholarships you are receiving: _____

List Names, Addresses and Phone Numbers of Three Personal References:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ (Signature of Student) _____ (Date)

*Submit to: New Cumberland District Superintendent: Rev. Dr. Dennis Keller, 303
Mulberry Drive, Mechanicsburg, PA 17055*