

**First Presbyterian Church
Post Office Box 552
Cheraw, SC 29520**

The Edwin Malloy Memorial Scholarship Fund

Guidelines for the Scholarship Committee

The Edwin Malloy Memorial Scholarship Fund was established in 1974 by a bequest from Mrs. Margaret Adger Manning Malloy, requesting that it be so named and that recipients of the scholarships be legal residents of Cheraw and the five mile radius therefrom.

Selection of the Recipient(s) will be made by a Committee of three members appointed by the Session of the First Presbyterian Church of Cheraw. The Committee has full authority and responsibility for selecting the Recipient(s) and evaluating their progress and eligibility for continued benefits. The Committee will also determine the number of scholarships and the amounts to be awarded to each Recipient each year.

Each Applicant is required to provide the following with their Application:

- a completed application, documenting financial need,
- list of part time jobs held,
- names and addresses of three (3) personal references other than relatives or Guidance Counselor (letters to be requested/acquired by Scholarship Committee)
- recent photograph, and
- sealed copy of most recent academic transcript.

At the discretion of the Scholarship Committee, the Applicant(s) may be required to meet with the Scholarship Committee at an appointed time for an interview.

Notification of Award letters are to be provided to the Recipient(s) with a copy to the Finance Committee, who will appropriate the scholarship funds for disbursement.

The funds are to be paid directly to the school, with the Recipient of the Scholarship being jointly named, upon notification by the school that the Beneficiary has been accepted and is in attendance as a full-time student.

Because this Scholarship is a gift, the recipients are not to repay any of the benefits received.

Guidelines (for Scholarship Committee)

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General Information

The Edwin Malloy Memorial Scholarship Fund was established in 1974 by a bequest from Mrs. Margaret Adger Manning Malloy, requesting that it be so named and that Recipients of the scholarships be legal residents of Cheraw and the five mile radius therefrom.

Requirements

Funds are awarded annually, based on the following criteria:

- **Documented financial need,**
- **Demonstrated active interest, through behavior and grades, in acquiring a higher education, and**
- **Demonstrated spiritual attributes and qualities of scholarship and leadership**

Application

For an applicant to be considered for this scholarship, the application must be filled out completely in black ink, or typed. The Application must be received at the following address no later than March 1st before the beginning of the school year for which aid is applied.

**The Edwin Malloy Memorial Scholarship Fund
First Presbyterian Church
Post Office Box 552
Cheraw, SC 29520**

Attn: Scholarship Committee

FIRST PRESBYTERIAN CHURCH

The Edwin Malloy Memorial Scholarship Application

Established and so named in 1974 by Mrs. Margaret Adger Manning Malloy

Please print in Black Ink

Completed Application must be received on or before March 1st

I. Applicant (Personal) Information

Please attach a recent photograph to this Application.

Name, Last First MI

“Preferred” Social Security # Gender

Current Street Address Apt/Unit #

City State ZIP

Phone E-mail

Place of Birth Date of Birth

Parent(s) or Guardian (s)

Current Street Address Apt/Unit #

City State ZIP

Phone E-mail

If married, give the following information regarding your spouse:

Name: Date of Birth:

Occupation:

Is Spouse Also in School? If so, Where?

II. EDUCATION (Attach most recent transcript)

A. List High Schools or Colleges you have attended (most recent first).

Name of School	Date(s) Attended	Prospective Graduation Date	Diploma, or Credit

B. List all honors and/or special recognitions received in High School/College (attach extra sheet if necessary)

1.	2.
3.	4.
5.	6.

FIRST PRESBYTERIAN CHURCH

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II. EDUCATION (continued)

C. List extra-curricular activities and/or hobbies (attach extra sheet if necessary)

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

D. What do you currently plan as your major area of study?

E. Name of College you plan to attend

III. REFERENCES

A. Teacher Recommendation

Name	Phone	
Street Address		
City	State	ZIP
School		

B. List three (3) personal references (*must be persons other than relatives or Guidance Counselor*)

- | | | |
|----------------|-------|-----|
| 1. Name | Phone | |
| Street Address | | |
| City | State | ZIP |
| Relationship | | |
| 2. Name | Phone | |
| Street Address | | |
| City | State | ZIP |
| Relationship | | |
| 3. Name | Phone | |
| Street Address | | |
| City | State | ZIP |
| Relationship | | |

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IV. PERSONAL STATEMENT

Attach a one page (or less) statement of why you feel you should be considered for this Scholarship, including reason financial assistance is needed.

V. FAMILY - INCOME INFORMATION

(This area must be completed before Application can be considered)

A. Father's Name	Age
Employer	General Health
Mother's Name	Age
Employer	General Health
Guardian's Name	Age
Employer	General Health
B. Number of Siblings _____ Ages _____	
C. Income of Parent(s) or Guardian(s)	
	Previous Year
Wages, Salaries, Other Compensation	\$ _____
D. Income of Applicant	
Amount from Grants and/or Scholarships	\$ _____
Educational Loans	\$ _____
Veterans Benefits	\$ _____
Income from Trusts and/or Annuities	\$ _____
Other Income	\$ _____
TOTAL INCOME	\$ _____
E. Other Financial Assistance for which you have applied and/or received:	

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V. FAMILY - INCOME INFORMATION

(This area must be completed before Application can be considered)

F. List part time jobs held by Applicant:

Signature of Applicant _____

Signature of Parent, or Guardian _____

Date of Application _____

Must be received on or before March 1st before the beginning of the school year for which aid is applied.