



C.H. JORDAN MEMORIAL SCHOLARSHIP FUND APPLICATION

PLEASE PRINT

Part I. GENERAL INFORMATION

Date _____

Name _____
Last First Middle

Present Address _____
Street City Zip Code

Will be at present address until (date) _____ Telephone # () _____

Permanent Address _____
Street City Zip Code

Telephone at this address () _____

Social Security Number _____ Age _____ Number in family _____

Occupation of parents

Father _____ Mother _____

Name of College/University you will attend in the fall _____

Location/Address of College/University _____

Enrollment Date _____ Degree Sought _____

Part II. ACADEMIC PROFILE

1. From what high school did you graduate? _____
2. Date of graduation _____
3. What was your overall high school grade point average _____
4. If in college, give your current grade point average _____



Part III. HONORS AND SPECIAL ACHIEVEMENTS

List any honors and/or special recognitions that you have received _____

Part IV. ORGANIZATIONS AND SPECIAL INTERESTS

Include all information regarding your participation in church activities, clubs, civic affairs, and special interests or talents.

I acknowledge that the information submitted is true and correct.

Parents / Guardian Signature _____ Date _____

Student Signature _____ Date _____

NOTE: Information supplied on this application is considered confidential and for use by the Scholarship Committee and The Portsmouth Community Foundation only.

Please return this completed form in the sealed envelope to the following address:
C.H. Jordan Scholarship Selection Committee
C/O Third Baptist Church
401 Godwin Street
Portsmouth, VA 23704

DEADLINE: May 21, 2007