



*Baleville Congregational  
Christian Church*

**Dan Arnold Memorial Scholarship  
Application**

All applicants should fill out the form below and submit to:

Baleville Congregational Christian Church  
6 Church Road  
Hampton Township, New Jersey 07860  
Attn: Scholarship Committee

DEADLINE: May 15

**Please type on a separate sheet or print your answers below.  
Please Note: If application is illegible it will be returned to you.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address:

Street: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

High School: \_\_\_\_\_

College or Trade School to be attended: \_\_\_\_\_

Intended Field of Study: \_\_\_\_\_

Why have you chosen this field: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Personal Achievements (Academic, Athletic, Community, etc.): \_\_\_\_\_

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Extracurricular Activities (Groups or organizations you have been a part of and impact you had): \_\_\_\_\_

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How would this Scholarship help you? \_\_\_\_\_

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Essay: Please attach a brief essay around 500 words (double spaced) describing the ways in which your Christian life, belief in the gospel and spiritual journey has impacted your family, friends and community.

Thank you for your application!