

**Presbyterian Scholarship Program Application  
Belhaven University**

*All students are required to submit an application annually to be considered for the PSP.  
March 1 Fall Deadline*

**STUDENT SECTION:**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

*I understand that I must be a full-time student seeking a first degree in the Traditional undergraduate program to be considered for the Presbyterian Scholarship Program and the scholarship will only be added to my financial package (\$500 per fall semester and \$500 per spring semester) if my church and I meet all of the program requirements.*

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**JOINT SECTION—MUST BE COMPLETED BY STUDENT AND CHURCH**

Please initial each of the following statements

Student _____ We certify the student is a member in good standing of the Church.	Church _____
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\_\_\_\_\_ We certify the church subscribes to Belhaven University's Statement of Faith as detailed on the Belhaven University website ([www.belhaven.edu](http://www.belhaven.edu)).

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**CHURCH SECTION:**

Name of Church: \_\_\_\_\_

Pastor or Ruling Elder: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Number: \_\_\_\_\_

Yearly Contribution to **The Belhaven Fund**: \_\_\_\_\_

Date(s) of contribution: \_\_\_\_\_

*As an authorized representative of the church listed above, I confirm that we plan to participate in Belhaven University's Presbyterian Scholarship Program with a minimum contribution of \$1000 to The Belhaven Fund.*

\_\_\_\_\_  
Signature of church representative

\_\_\_\_\_  
Date

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Printed name and title of church representative

*Application materials may be mailed or email to :  
Belhaven University Office of Development—Jim Goode  
1500 Peachtree Street, Box 158, Jackson, MS 39202 or [jgoode@belhaven.edu](mailto:jgoode@belhaven.edu)  
Questions may be directed to Jim Goode, Church Relations Officer at [jgoode@belhaven.edu](mailto:jgoode@belhaven.edu) or 601.968.5980*