APPLICATION

for

Kathleen Lynne Fodor Memorial Scholarship

Applicant	Name
	Address
	Phone Number
	e-mail
Year confirmed	d into membership of Barrington Congregational Church, UCC?
If confirmed el	Isewhere, what year did you join BCC UCC?
Educational in	stitution (college, graduate school etc) you are planning to attend OR currently attend:
EITHER	
	Semester Year
OR	If not a beginning student, what is current class status?
Please make a meaningful in	short statement about how Barrington Congregational Church, UCC is important or has been your life:
	Signature Date

Please submit to the Director of Faith Formation, Andrea Terni, no later than **June 1**st, **2025**Mail to Barrington Congregational Church, Attn: Andrea Terni, 461 County Road, Barrington RI 02806 or email to andrea@bccucc.org