



SCHOLARSHIP APPLICATION

The Alabama-West Florida United Methodist Foundation, Inc.
P.O. Box 8066. Dothan. AL. 36304
Phone 334.793.6820 Fax 334.794.6480

Alabama-West Florida Conference, District: _____
Name of Home Church: _____

APPLICATION DEADLINE: 6/30

PERSONAL INFORMATION

Name: _____ Male () Female ()

Current Address: _____
(Address)

(City) (State) (Zip)

Permanent Address: _____
(Address)

(City) (State) (Zip)

E-mail Address: _____ Cell Phone #: _____ SS #: _____

Age: _____ Marital Status: _____ Spouse Name: _____

of Dependents and Ages: _____

EDUCATION INFORMATION

High School Graduation Year: _____ GPA: _____ ACT Score: _____

School Attending: _____ Online () Campus ()

School Mailing Address: _____

Course of study: _____ FRESH__ SOPH__ JR__ SR__ OTHER__

If currently enrolled, what is your cumulative GPA to date? _____ Student ID#: _____

When do you expect to graduate from college? (Be as specific as possible) _____

EMPLOYMENT/FINANCIAL INFORMATION

Will you be employed while in school? _____ If so, Employer Name: _____
Student expected annual income: \$ _____
Parents/Spouse expected annual income: \$ _____

Total Income: \$ _____

Other Resources:

Grants \$ _____
Scholarships \$ _____
Student Loans \$ _____
Gifts \$ _____
Other \$ _____

Total Resources: \$ _____

Total Personal Indebtedness: \$ _____

ANNUAL FAMILY EXPENSES

Living: (housing, utilities, etc.) \$ _____

Education:

Tuition & Fees \$ _____
Books & Supplies \$ _____
Room & Board \$ _____
Personal Expenses \$ _____
Transportation \$ _____

Total Annual Expenses: \$ _____

(Student's Signature)

(Date)

*****It is vital that ALL requested information is provided.
Please review your application for completeness before submitting*****

You may mail, e-mail or fax this application to:

MAIL: United Methodist Foundation
P. O. Box 8066
Dothan, AL 36304
FAX: 334-794-6480
EMAIL: foundation@alwfumf.org