## DR. & MRS. WILLIAM LIES, III SCHOLARSHIP TRUST c/o United Methodist Foundation P. O. Box 8066 Dothan, AL 36304 foundation@alwfumf.org

## **Qualifications:**

- You must have a permanent address in Houston County
- You must be enrolled to attend an accredited college, university or medical school
- You must re-submit an application annually, meeting all requirements, to receive all four (4)
  years
- You must maintain at least a 3.0 GPA on a 4.0 scale each year

## APPLICANT INFORMATION: Name \_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_ Current Address: \_\_\_\_\_\_\_\_ Permanent Address: \_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_ SCHOLASTIC INFORMATION: What college/university do you plan to attend? \_\_\_\_\_\_\_ Your major? \_\_\_\_\_\_\_ Are you enrolled? \_\_\_\_\_\_ When do you plan to graduate? \_\_\_\_\_\_ Your major? \_\_\_\_\_\_\_ What is your cumulative GPA to date? \_\_\_\_\_\_ \*\*Please attach previous year's transcript. Estimated cost of school: Tuition \_\_\_\_\_\_ Estimated living expenses: \_\_\_\_\_\_\_ FINANCIAL INFORMATION: Family previous year's income from line 21 of your 1040A tax form: \_\_\_\_\_\_\_ Will student have a job while in college? \_\_\_\_\_ Student's expected income

# Family members supported by family income: \_\_\_\_\_ # Family members in college: \_\_\_\_\_

Financial Information continued:
Current family indebtedness:
Have you applied for other financial assistance? Please specify.
Have you received other scholarships, grants or loans for college? Please specify.
Please write a short paragraph expressing why you believe you deserve this financial assistance from the Lies Scholarship Trust.
<del></del>
Signature:
Date:

## **DEADLINE FOR APPLICATIONS IS 5/31/2017**

Please return to: United Methodist Foundation
P. O. Box 8066

Dothan, AL 36304

\*\*You must re-apply every year to receive annual awards.