



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: _____
If a church member, what church? _____

APPLICATION DEADLINE: 6/30

PERSONAL INFORMATION

Name: _____ Male () Female ()

Current Address: _____
(Address)

(City) (State) (Zip)

Mailing Address: _____
(Address-if different)

(City) (State) (Zip)

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

Age: _____ Marital Status: _____ Spouse Name: _____ # of Dependents: _____

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) _____

STUDENT ANNUAL FINANCIAL INFORMATION:

Will you be employed while in school? _____ If so, Employer Name: _____

Income:

Student expected annual income: \$ _____
Spouse expected annual income: \$ _____
Other Resources (grants, scholarships,
student loans, gifts) \$ _____

Total Annual Income: \$ _____

Expenses:

Tuition & fees: \$ _____
Books & supplies: \$ _____
Room & board: \$ _____
Transportation & other: \$ _____

Total Annual Expenses: \$ _____

Total Amount of Personal Debts Owed: \$ _____

FAMILY ANNUAL FINANCIAL INFORMATION:

Number of dependents in college: _____
Number dependents under age 25: _____

Family expected annual income: \$ _____
Family estimated living expenses: \$ _____

Total Amount of Personal Debts Owed: \$ _____

(Student's Signature)

(Date)

**** By signing, you attest that ALL information is complete and correct to the best of your knowledge.
Feel free to write additional information on the back of this application.**

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