



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 ()

Mailing Address: _____

(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: _____

College: _____ Online () Campus () Student ID#: _____

College Address: _____

Course of study: _____ FRESH__ SOPH__ JR__ SR__ OTHER __

If currently enrolled, what is your cumulative GPA to date? _____

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

STUDENT FINANCIAL INFORMATION: (ANNUAL)

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

Annual Income:

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

Total Annual Income: \$ _____

Annual Expenses:

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

Total Annual Expenses: \$ _____

Total Personal Debt (loans, credit cards, etc.) : \$ _____

ADDITIONAL FINANCIAL INFORMATION:

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

Annual estimated family income: \$ _____
Annual estimated family expenses: \$ _____

Total Family Debt (loans, credit cards, etc.): \$ _____

(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