



Scholarship Application

GENERAL INFORMATION

Name: _____ Date: _____
First, Middle, Last

Address: _____
Street Address

_____ City _____ State _____ ZIP Code _____

Church Membership Location: _____ District: _____

Email Address: _____ Date of Birth: _____

Phone Number: _____ Marital Status: _____

Spouse's Name _____ Total Number of Dependents: _____

EDUCATION INFORMATION

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

College Name: _____

College Mailing Address: _____

Student ID#: **(REQUIRED)** _____

Course of Study: _____

Year:

- | | | | |
|---------------|--------------------------|--------|--------------------------|
| Freshman | <input type="checkbox"/> | Junior | <input type="checkbox"/> |
| Sophomore | <input type="checkbox"/> | Senior | <input type="checkbox"/> |
| Post graduate | <input type="checkbox"/> | Other | <input type="checkbox"/> |

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

When do you expect to graduate? (Please be as specific as possible) _____

EMPLOYMENT & FINANCIAL INFORMATION

While attending college, will you be employed? YES NO If yes, annual income anticipated: \$ _____

While you attend college, will your spouse (if applicable) be employed? YES NO If yes, annual income anticipated: \$ _____

Please tell us about other resources you may have:

	Annual Amount
Grants:	\$ _____
Scholarships:	\$ _____
Gifts:	\$ _____
Student Loans:	\$ _____
Other:	\$ _____

Total Annual Resources (employment income plus all other): \$ _____

STUDENT DEBT & EXPENSES INFORMATION

Total personal debt (loans, credit cards, etc.) \$ _____

Please tell us about your expenses:

	Annual Amount
Room & Board:	\$ _____
Transportation:	\$ _____
Tuition & Fees:	\$ _____
Books & Supplies:	\$ _____

Total Annual Expenses: \$ _____

HOUSEHOLD FINANCIAL INFORMATION

Number of dependents in household enrolled in college: _____

Number of dependents in household under age 25: _____

Estimated ANNUAL household income: \$ _____

Estimated ANNUAL household expenses: \$ _____

Total household debt (loans, mortgages, credit cards, etc.) \$ _____

IT IS **VITAL THAT ALL REQUESTED INFORMATION IS PROVIDED. PLEASE REVIEW BEFORE SUBMISSION. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

By signing, you attest that ALL information is complete and accurate to the best of your knowledge. You may attach any additional information you deem relevant to consideration of this application.

Applicant's Signature: _____ Date: _____

Please return applications via regular mail, email or fax to:

**Regular mail: Alabama-West Florida United Methodist Foundation
 P.O. Box 8066
 Dothan, AL 36304**

Email: foundation@alwfumf.org

Fax: 334.794.6480