

SCHOLARSHIP APPLICATION FOR _____

(SCHOLARSHIP NAME) DEADLINE 6/30

NAME: _____ DATE OF BIRTH: _____ MARITAL STATUS: _____ M or F
 SPOUSE'S NAME: _____ # OF CHILDREN: _____ AGES: _____
 PERMANENT ADDRESS: _____
 STUDENT SCHOOL ADDRESS: _____
 EMAIL ADDRESS: _____ CELL PHONE: _____ SS#: _____

NAME PARENT/GUARDIAN WITH WHOM YOU LIVE: _____ PHONE #: _____
 PARENT ADDRESS: _____ PARENT CELL #: _____
 PARENTS ANNUAL INCOME: _____ # of DEPENDENTS: _____ # in COLLEGE: _____
 CHURCH MEMBERSHIP: _____ HOW LONG: _____ DISTRICT: _____

EMPLOYED: _____ WHERE: _____ ANNUAL INCOME: _____
 SPOUSE OCCUPATION: _____ ANNUAL INCOME: _____
 OTHER FUNDING SOURCES: Grants: _____ AMOUNT: _____
 Scholarship: _____ AMOUNT: _____
 Scholarship: _____ AMOUNT: _____
 Other: _____ AMOUNT: _____
 Total Resources: _____ TOTAL: _____

HIGH SCHOOL NAME: _____ YEAR GRADUATED: _____
 GPA: _____ ACT: _____ (Only If Graduating High School Current Year)
 INSTITUTION ATTENDING IN FALL: _____
 ADDRESS: _____
 ON LINE COURSE OF STUDY: _____ OR CAMPUS: _____ (If awarded scholarship, it will be mailed to the institution)
CLASSIFICATION: STUDENT ID#: _____
COLLEGE: Freshman: _____ Sophomore: _____ Junior: _____ Senior: _____ Graduate: _____
 COURSE OF STUDY: _____ Graduation Date: _____ Full or Part-Time: _____
SEMINARY: First: _____ Second: _____ Third: _____
 TO BE ORDAINED: Yes: _____ No: _____ Elder: _____ Deacon: _____
 CONF. RELATIONSHIP: Associate Member: _____ Full Connection: _____ Local Pastor: ___ Full Time ___ Part Time
 Provisional: _____ Other Relationship: _____

FINANCIAL INFORMATION: (COLLEGE OR SEMINARY)
 Total School Loans: _____
 Personal Indebtedness: _____
 Total Yearly Tuition & Fees: _____
 Total Other School Expenses: _____ 12 months
 Total Living Expenses: _____ 12 months

SCHOOL FINANCIAL AID OFFICE SECTION: (Please have School Complete this Section.) (Ministerial Students Only)
 Name of College or Seminary: _____
 Address: _____
 Financial Aid Phone #: _____ Date: _____
 Financial Aid Signature & Title: _____
 Student Classification: 1st Year: _____ 2nd Year: _____ 3rd Year: _____ 4th Year: _____
 Student Full-Time: YES _____ NO _____ Required Hours for Full-Time: _____
 Rate of Financial Need: LOW _____ MEDIUM _____ HIGH _____
 Amount of School Financial Assistance to Student: _____

RETURN APPLICATION TO: Alabama-West Florida United Methodist Foundation
 PO Box 8066; Dothan, Alabama 36304
 Fax: 334-794-6480 Telephone: 334-793-6820
 Email: foundation@alwfumf.org ----- Website: alwfumf.org