

ID #

PLEASE TYPE OR PRINT

AWARD AMOUNT

**APPLICANT DATA**

NAME LAST FIRST MI SOCIAL SECURITY #

Permanent Address Street City State Zip

Date of Birth (m-d-y) Applicant Cell Phone # Date Joined Church

Applicant Email Address

Name of Parent or Guardian

Parent or Guardian Home Phone # Parent or Guardian Cell Phone #

Permanent mailing address of parent/  
Guardian if different from applicant Street City State Zip

**SCHOOL DATA**

High School Attended Graduation Date

Name of post-secondary school for which applicant's scholarship is requested

4yr College/University  
Community College  
Vo-Tech Other  
Address Accredited yes no

Year in post-secondary program during coming school year Undergraduate 1 2 3 4 5 Graduate 6

Student will live on campus live off campus commute

Enrolled less than half-time half-time or more full time

Anticipated date of graduation from post-secondary program month year

Major field of study applicant plans to pursue

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature

Date

**PERSONAL DATA**

Describe your work experience during the past 4 years. Indicate dates of employment in each job And approximate numbers of hours worked each week.

POSITION	DATE	HOURS WORKED @ WEEK

List all school activities in which you have participated during the **last 4 years** (e.g. student government Music, sports, etc.) List all community activities in which you have participated in the **last 4 years**. (e.g. Red Cross, church work, volunteer work.)

Activity	No. of Year	Special Awards, honors	Activity	No. of Year	Special Awards, honors

Please report any unusual family or personal circumstances you feel warrant attention.

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**OTHER AWARDS**

Please list below the name and amount of any grants of scholarships that you have been awarded for the coming year.

Name of Award	Amount	Granted	Pending

## STUDENT BUDGET

### A. STUDENT BUDGET FOR THE ACADEMIC YEAR

Room \$ \_\_\_\_\_  
 Board \$ \_\_\_\_\_  
 Tuition \$ \_\_\_\_\_  
 Fees \$ \_\_\_\_\_  
 Books \$ \_\_\_\_\_  
 TOTAL \$ \_\_\_\_\_

### B. RESOURCES: APPLIED FOR OR AWARDED

From parents and or spouse

From Students earnings/saving

Grants: PELL, TAP, SEOG

College grants

Other Scholarships

Loans: Perkins, Stafford, GSL

Other Loans needed for this year

Gifts

Totals

Applied for	Awarded

C. If total A does not equal Total B, how do you plan to finance your education? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. Total loans to date not including coming year's loans \$ \_\_\_\_\_

Please explain any specific problems such as illness, heavy medical expenses, large debts, elderly dependents, unemployment, siblings in college or any other circumstances that you feel should be considered in assessing need for financial assistance: \_\_\_\_\_

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Your Grade Point Average \_\_\_\_\_

I/We declare that the information reported on this statement, to the best of my knowledge and belief, is true, correct and complete.

Date \_\_\_\_\_ Student's Signature \_\_\_\_\_

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_ Spouse's Signature \_\_\_\_\_