



## Aldersgate United Methodist Church College Scholarship Application (for School Year 2018-2019)

(Note: Information provided herein will be held in strict confidence.)

Applicant is:  Current Aldersgate Member  
 Child of Aldersgate Member  
 Non-Member but regularly attend Aldersgate

### Personal Information

Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are You a U.S. Citizen?    Yes     No

Sex:            M     F

Address (street) \_\_\_\_\_

(city, state, ZIP) \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

### Church Information

How long have you attended Aldersgate Church? \_\_\_\_\_

When did you become a member of Aldersgate? \_\_\_\_\_

In what Aldersgate Church activities have you participated (e.g. Guatemala Mission, Jeremiah Project, staff of Vacation Bible School, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Educational Information**

High School \_\_\_\_\_

Date graduated or will graduate \_\_\_\_\_ GPA \_\_\_\_\_

Extracurricular activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sports Activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and address of college or university you plan to attend or are already attending (must be an accredited college or university established for higher learning.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Field of Study (desired degree):

\_\_\_\_\_

This is a  1 year  2 year  3 year  4 year program

**Community Activities**

Describe your participation in community activities (this may include but is not limited to community service programs, scouting, charity work, or other volunteer activities).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Financial Information**

Father's annual income: \_\_\_\_\_

Mother's annual income: \_\_\_\_\_

Number of dependent children in family: \_\_\_\_\_

Do you plan to work while attending school?  Yes  No

Have you applied for or received any other Financial Aid or Scholarships for this school year?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Percent of contribution by your parents toward your education: \_\_\_\_\_

**Other Information**

Is there any other information you want the Endowment Committee to know in considering your application? If so, please provide it here.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Deadline for submission of application:  
Friday, March 30, 2018**

Save form and return to Becky  
Connell at [bconnell@aldersgate.net](mailto:bconnell@aldersgate.net).