

MATTIE KOLB
SCHOLARSHIP APPLICATION

DIRECTIONS: Complete the application form accurately and completely. Attach Additional sheets if needed. Put NA in any blank not applicable to you.
Applications not filled out completely and applications postmarked After the due date (April 15, 2015) will not be considered.

Name: _____ Telephone: _____

Address: _____
Street or PO Box City State Zip Code

Marital Statue: _____ Name of Spouse: _____

Number of children: _____ Ages of Children: _____

Parents' Name: _____

Parent's Address, if different from yours: _____ Tel: _____

Number of brothers and sisters living at home: _____

Number of other family members to be enrolled in college during the coming academic year and name of their school: _____

FINANCIAL INFORMATION

1. What is your family's gross income? Place a check in the appropriate blank.

____ Under \$15,000 ____ \$15,000-30,000 ____ \$30,000-45,000 ____ \$45,000-60,000
____ \$60,000-75,000 ____ \$75,000-90,000 ____ \$90,000-105,000 ____ Over \$105,000

2. What are your estimated college expenses for the coming year in specified categories?

\$ _____ Tuition and Fees
\$ _____ Books
\$ _____ Housing (Resident students only)
\$ _____ Transportation (commuting students only)
\$ _____ TOTAL

3. What income do you expect to earn yourself during the coming year?

\$ _____ Income for work during the academic year
\$ _____ Income for work during summer or breaks

4. Have you received financial assistance for college expenses during the past year from any source other than your family? ____ Yes ____ No

5. Do you expect to receive financial assistance for college expenses during the coming year from any source other than your family? ____ Yes ____ No. If your answer is yes,

Specify the source(s) and anticipated amount(s):

Describe any extenuating financial circumstances of which you would like the scholarship committee to be aware:

ACADEMIC INFORMATION

1. List the name and location of the college you plan to attend during the coming year and classification:
() Freshman () Sophomore () Junior () Senior (Specify _____ School)
2. Identify your major:
3. What will your enrollment status be during the coming year?
() Full-time student () Part-time student
4. What degree are you seeking?
When do you expect to complete this degree?
List all colleges you have attended, dates of attendance, and degrees earned (if any)

<u>College</u>	<u>Dates</u>	<u>Degrees</u>
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5. Give the name and location of high school(s) you attend(ed).

Note: For this application to be considered, official transcripts of all high school and college work must be sent to the address below. The transcripts must indicate your GPA.

CHURCH AFFILIATION (IF ANY) & ACTIVITIES

LIST SCHOOL/COLLEGE AND COMMUNITY ACTIVITIES AND HONORS

MY SIGNATURE BELOW CERTIFIES THAT I HAVE ANSWERED ALL ITEMS ACCURATELY AND COMPLETELY TO THE BEST OF MY KNOWLEDGE AND ABILITY.

SIGNATURE

DATE

This application, **and your official transcripts**, must be mailed to the following address no later than April 15, 2015.

UMC District Office
ATT: Mattie Kolb Scholarship
256 Honeysuckle Rd, Suite 4
Dothan, AL 36305

Note: Scholarship winners will receive notification no later than May 15, 2015.