

ST. ANDREW FUND SCHOLARSHIP APPLICATION

The Gulf Shores United Methodist Church is pleased you are applying for one of our St. Andrew Fund Scholarships. The selection committee is interested in your academic achievement as well as your extracurricular activities. To be considered you must supply all information requested.

Return the application to: Rev. Glenn Butler, P. O. Box 374, Gulf Shores, AL 36547 by June 1, 2018.

Please print.

Your Name: _____ Date _____

Mailing Address: _____

Age _____ Gender _____ Social Security No. _____ Telephone _____

High School: _____ Present Grade: _____

College, University, or Technical School you are presently attending or plan to attend: _____

Mailing Address of institution: _____

Major/career you wish to pursue: _____

Have you made application? _____ Have you been accepted? _____

Cost of tuition per semester: _____ Date school begins _____

Dollar amount of each scholarship/financial resource you have received for higher education:

Academic honors and accomplishments you have achieved: _____

Extracurricular activities and clubs: _____

Current grade point average: _____ Based on 3.0 or 4.0 scale? _____ SAT/ACT Score _____

Did you take weighted High School classes or participate in Honor's Program? _____

Church and community activities: _____

Work Experience (part time and summer)

Employer: _____ Dates: _____ Salary: _____

Employer: _____ Dates: _____ Salary: _____

Please communicate below in 100 words or less to the selection committee why you believe you would be a deserving recipient of one of the St. Andrew Fund Scholarships.

Your Signature _____

**ST. ANDREW FUND SCHOLARSHIP
PARENT'S INFORMATION SHEET**

This form is to be completed by a parent of the applicant. To be considered by the selection committee all the information requested must be supplied. The information on this form will be treated in strict confidence by the St. Andrew Fund Board of Trustees. **Please print.** Thank you for your cooperation.

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Father's place of employment _____

Mother's place of employment _____

Range of annual family income (check one):

Under \$25,000 _____ \$25,000-\$40,000 _____ \$40,000-\$55,000 _____
\$55,000-\$70,000 _____ Over \$70,000 _____

Please list other children in the family:

Name	Age	Grade in School
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby give my permission for the selection committee to see my child's grade record in his/her school office.

Date _____ Signature of parent _____