

Holman United Methodist Church

PERMANENT ENDOWMENT COMMITTEE

MEMORIAL SCHOLARSHIP APPLICATION

2016

DIRECTIONS: Please type

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street) (City/Zip)

PHONE: _____ E-MAIL: _____

BIRTHDATE: _____ SOCIAL SECURITY NO. _____

HIGH SCHOOL _____
(Name)

(Address)

DATE OF GRADUATION: _____ GRADE POINT AVERAGE: _____

SAT/ACT (Attach a copy of SAT/ACT highest scores if not recorded on Transcript.)

TOTAL SCORES: _____

HONORS: _____

HIGH SCHOOL ACTIVITIES: _____

CHURCH/COMMUNITY ACTIVITIES/VOLUNTEER HOURS: _____

LIST ANY OUTSIDE JOBS YOU HAVE HELD WHILE IN HIGH SCHOOL (including this year): _____

NAME OF COLLEGE YOU PLAN TO ATTEND: _____

ANTICIPATED COLLEGE MAJOR: _____

CAREER OBJECTIVES/GOALS: 1. _____

2. _____

MOTHER'S/GUARDIAN'S NAME: _____

ADDRESS: _____

OCCUPATION: _____

PHONE: _____ E-MAIL _____

FATHER'S/GUARDIAN'S NAME: _____

ADDRESS: _____

OCCUPATION: _____

PHONE: _____ E-MAIL _____

PLEASE INDICATE THE TYPE OF SCHOLARSHIP FOR WHICH YOU WISH TO BE CONSIDERED. (*CHECK ONE OR BOTH*)

FINANCIAL NEED: ACADEMIC EXCELLENCE HBCU* HBCU TOUR*

SIGNATURE

DATE

CHECK OFF EACH ITEM IN YOUR COMPLETED PACKET AND RETURN BY MAIL:

_____ Two-page signed application

_____ Three reference letters

_____ Official copy of your high school transcript

_____ A narrative of academic excellence and/or financial need

_____ Two-page autobiography

**INCOMPLETE APPLICATIONS
WILL NOT BE ACCEPTED**

Application Deadline: May 31, 2016

***SPECIAL CRITERIA** (See Designated Historical Black College and University Scholarship document.)