

# SCHOLARSHIP APPLICATION

Olin Community United Methodist Church  
Olin, Iowa 52320  
Confidential Information

\_\_\_\_\_ (date)

I. I am making application for a scholarship from the Olin United Methodist Church.

Signed \_\_\_\_\_

This scholarship to be used \_\_\_\_\_ at \_\_\_\_\_  
(Year) (United Methodist or United Methodist related college, University or nurse-training center)

where I will be a \_\_\_\_\_  
(Class: Freshman, Sophomore, Junior, Senior)

My age is: \_\_\_\_\_, birth date: \_\_\_\_\_

Marital status: Single \_\_\_\_\_ Married \_\_\_\_\_ Other \_\_\_\_\_

Are you a member of the United Methodist Church? Yes \_\_\_\_\_ No \_\_\_\_\_

If answer is "NO" what is your denomination? \_\_\_\_\_

In what church activities did you take an active part? Church School \_\_\_\_\_ Choir \_\_\_\_\_

U.M.Y.F. \_\_\_\_\_ Church Camp \_\_\_\_\_ Other \_\_\_\_\_

From what high school did you graduate? \_\_\_\_\_

What honors and awards did you earn in high school? \_\_\_\_\_

## REFERENCES (Give two)

1. \_\_\_\_\_  
(name) (address)

2. \_\_\_\_\_  
(name) (address)

Have you attended any other college or university? \_\_\_\_\_ Where? \_\_\_\_\_

Are you interested in any church-related vocation? \_\_\_\_\_ What? \_\_\_\_\_

What degree are you interested in attaining now? \_\_\_\_\_

Have you received any other scholarships? Yes \_\_\_\_\_ No \_\_\_\_\_ How much? \_\_\_\_\_

Have you borrowed any money for college education so far? Yes \_\_\_\_\_ No \_\_\_\_\_

## II. COLLEGE BUDGET ESTIMATION

| <u>Expenses</u>    |          | <u>Income</u>               |          |
|--------------------|----------|-----------------------------|----------|
| Tuition and fees   | \$ _____ | Support from parents        | \$ _____ |
| Board and room     | _____    | Personal Savings            | _____    |
| Books and supplies | _____    | Earnings                    | _____    |
| Other, Specify     | _____    | Benefits from other sources | _____    |
|                    | _____    | Scholarships                | _____    |
|                    | _____    | Scholarships                | _____    |
|                    | _____    | Loans                       | _____    |
| Total              |          | Total                       |          |

(to be filled by parent or guardian)

Father's name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Guardian's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Number of children in family: \_\_\_\_\_ In pre-school: \_\_\_\_\_ elementary: \_\_\_\_\_  
High School: \_\_\_\_\_ College: \_\_\_\_\_

Are there any other dependents? Yes \_\_\_\_\_ No \_\_\_\_\_ Relationship: \_\_\_\_\_  
Will you and/or your parents be able to meet your college expenses? Yes \_\_\_\_\_ No \_\_\_\_\_  
If not, how do you plan to obtain the amount needed? \_\_\_\_\_

Name and address of father's employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and address of mother's employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any other income? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain (from real estate,  
interest, bonds; etc.) \_\_\_\_\_

Home? Own \_\_\_\_\_ Rent \_\_\_\_\_ Rent Free \_\_\_\_\_  
If you have your own business, what type of organization? Corporation \_\_\_\_\_  
Partnership \_\_\_\_\_ Individual owner \_\_\_\_\_ Farm \_\_\_\_\_ Other \_\_\_\_\_

Are there any properties or funds held in trust for applicant or applicant's family?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

Are you in debt? Yes \_\_\_\_\_ No \_\_\_\_\_ Kind? \_\_\_\_\_  
(home, auto expenses, real estate, etc.)

How much is due on debts this year? \$ \_\_\_\_\_  
How much Federal Income tax did you pay last year? \$ \_\_\_\_\_

**IV. When completed, please return application to:**

Jane Hansen  
12932 Co. Rd. E45  
Olin IA 52320

**DEADLINE: March 15<sup>th</sup>**

As soon as the committee has acted upon your application notice will be sent. To  
whom do you want this notification sent?

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Give name and address of person at college to whom registration verification and check  
is to be sent if scholarship is approved:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Title: \_\_\_\_\_