

**APPLICATION FOR INGRAM SCHOLARSHIP
ADMINISTERED BY
GAINESBORO FIRST UNITED METHODIST CHURCH**

This constitutes a request for consideration as a candidate to receive scholarship funds as provided by this **SCHOLARSHIP** fund. The applicant believes he or she qualifies for consideration provided under the published qualifications for recipients. The Scholarship Committee may wish to have an informal interview with you to better understand your desire for further education and your financial needs.

NAME _____ DATE _____

ADDRESS _____

DOB _____ PHONE _____ CELL _____

MARITAL STATUS () Single () Married () Widow NUMBER OF DEPENDENTS _____ S.S. # _____

IF MARRIED, SPOUSE'S NAME _____ EMPLOYER _____

ARE YOU EMPLOYED? () YES () NO EMPLOYER _____ HOURS PER WEEK _____

ARE YOU A RESIDENT OF JACKSON COUNTY? () YES () NO HOW LONG? _____

WHAT FIELD OF STUDY OR VOCATION DO YOU WISH TO PURSUE? _____

WHICH SCHOOL OR COLLEGE DO YOU PLAN TO ATTEND? _____

STARTING WHEN? _____ HAVE YOU BEEN ACCEPTED FOR ADMISSION? () YES () NO

WHAT IS EXPECTED COST PER YEAR OF STUDY FOR TUITION? _____ FEES _____

BOOKS _____ SUPPLIES _____ DORMITORY ON CAMPUS _____

PLEASE PROVIDE YOUR MOST RECENT ACADEMIC TRANSCRIPT FROM YOUR CURRENT SCHOOL

NAME OF SCHOOL SCHOLARSHIP AWARD WILL BE SENT _____

HIGH SCHOOL GRADUATE _____ GED _____ YEAR RECEIVED _____

CURRENT GPA? _____ SIGNATURE OF APPLICANT _____