

ALL information will be treated as confidential. No applicant will be considered for scholarship assistance unless all documents are completed and returned to the Chairperson of the Committee by the Deadline Date of March 15, 2018.

(Print legibly on all information)

Name _____ Social Security # _____

Permanent Address _____

City _____ State _____ Zip _____

Mailing address (if different)

City _____ State _____ Zip _____

Telephone number (____) _____

E mail _____

Date of birth _____ Sex ____

Are you a citizen or permanent resident of the USA? ____ yes ____ no

(If you are not a permanent resident, list Alien Registration Receipt Card # _____)

Educational Information:

Name of school to which you plan to apply during your **scholarship** year

Have you applied? ____ yes ____ no

Will you be enrolled full-time in the year in which scholarship is to be used?

____ yes ____ no

When will you graduate? ____ Degree sought _____

For what career(s) are you preparing?

Additional Information:

State briefly any paid employment you have had or now have:

Title or position	Employed by	Type of work	Dates
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Will you be working during the academic year? ____ yes ____ no

Family Information:

Father's full name _____ Occupation _____

Mother's full name _____ Occupation _____

If married, spouse's name _____ Occupation _____

Gross annual family income _____

Number of dependents living at home (do not include yourself) _____

Ages of dependents _____

References

Include in your packet a current letter of reference from each of the following people in support of your application.

Major Teacher or Professor: _____

Address _____

State ____ Zip _____ Telephone _____

Second Reference: _____

Address _____

State ____ Zip _____ Telephone _____

Third Reference: _____

Address _____

State ____ Zip _____ Telephone _____

I certify that, to the best of my knowledge, the information contained in this application is correct and complete. I understand it is my responsibility to ensure that all supporting documentation (official transcripts, references, etc.) is attached to this application and received by the Scholarship Committee no later than March 15, 2018.

(Signature of applicant)

(Date)

Have you included ALL SIX documents and CD or tape with your application?

(Please do not send incomplete packets.)

Completed Application

Reference -Teacher

Transcript

Reference - Other

Personal Statement

Reference - Other

CD or tape or DVD

MAIL ALL DOCUMENTS TO:

ATTN: SCHOLARSHIP CHAIRPERSON
CORONADO COMMUNITY UNITED METHODIST CHURCH
201 SOUTH PENINSULA AVENUE
NEW SMYRNA BEACH, FL 32169

APPLICATION DEADLINE - MARCH 15, 2018