

O.M. Slater Scholarship Application

Name:

Mailing Address:

Telephone: Date of Birth: Age: Sex:

Social Security Number: Marital Status:

College Enrolled this Fall:

Approximate Tuition:

This Fall I will be a: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

List High School and/or college activities and awards (Scholastic as well as Extracurricular)

High School Class Rank Grade Point Average College Grade Point Ave.

Career Objective:

Number of Brothers and Sisters Number in College

Course of Study you plan to pursue

Why do you plan this course of study?

Financial need: Explain why you need this award:

The total amount of money that you expect to be available for the upcoming academic year:

Amount you expect to receive from your family

Amount you expect to receive from your savings

Amount you expect to receive from other scholarships

Amount you expect to receive from student loans

Amount you expect to receive from work study or other jobs

Other Sources of funds (Please explain)

Student Signature

Parent Signature

O.M. Slater Scholarship Sponsors:

Lake Fork Church
Zion United Church of Christ
United Church of Atwood

Mail completed application to: Scholarship Committee
O.M. Slater
Lake Fork Church
PO Box 863
Atwood, IL 61913

Application Deadline: April 1