



UNITED CHURCH OF ATWOOD
SCHOLARSHIP APPLICATION

210 N. Main St., P. O. Box 379

Atwood, IL 61913

Phone: 217-578-2832

Applicant's Name: _____

Address: _____

Phone Number: _____

UNITED CHURCH OF ATWOOD

SCHOLARSHIP APPLICATION

The purpose of this scholarship is to assist any deserving individual in continuing their education.

Please Print Legibly

Name: (first, middle initial, last)

Complete mailing address: Street, P. O. Box, City, State, ZIP Code:

Telephone Number: () _____

Church Affiliation: _____

I understand that if I am a recipient of the United Church of Atwood Scholarship I must provide proof of enrollment in approved academic courses before receiving the monetary award. Proof must be submitted to the church treasurer no later than _____ to receive the award. The check will be made out to the institution of higher learning you are attending.

I agree to inform the church office (578-2832) of any changes in my mailing address or phone number. I verify that the information in this application is true and accurate.

Signature: _____ **Date Submitted:** _____

Please return completed application to the Arthur-Lovington-Atwood-Hammond High School Guidance Counselor by April 1 of each year.

What financial assistance can your parents and/or guardian provide to assist with your education?

What other scholarships have you applied for?

Explain why you should be awarded the United Church of Atwood Scholarship:

Personal Data:

What college/university do you plan to attend: _____

What is your intended major? _____

This scholarship will be applied to which year in college? _____

Briefly state your goal and reason for continuing your education:

Explain the financial need for this scholarship: _____

Describe other financial assistance you have been awarded: _____

School Record:

Current GPA: _____ on a 5-point scale, or _____ on a 4-point scale.

High School seniors please provide class rank: _____ **class size** _____

Briefly state school and community activities, awards, honors, organizations, clubs, etc.

Please provide a Letter of Recommendation from one of your most recent teaching staff.

Please provide a Letter of Recommendation from someone other than a teacher or relative.

Parents (or guardian):

1. Do your parents still claim you as a dependent for tax purposes? Yes _____ No _____

Father/Guardian:

Name: _____ Occupation: _____

Mother/Guardian:

Name: _____ Occupation: _____

If you are not claimed by your parents or guardian, then complete this section:

Your Occupation: _____

Your Spouse's Occupation (if applicable): _____