

Fayetteville First United Methodist Church
Edward N. Travis Scholarship

Applicant's Name _____ Date of Birth _____

Home Address _____ Sex _____

City _____ State _____ Zip _____

Home Phone Number (_____) _____

Date of Graduation _____

Name of High School _____

School Address _____

School Phone Number (_____) _____

Family Information

Father, Stepfather or Legal Guardian

Name _____ Phone: Home _____

Address _____ Phone: Work _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Mother, Stepmother or Legal Guardian

Name: _____ Phone: Home _____

Address _____ Phone: Work _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

How many children are in the family? _____ Current ages: _____

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Name and age of sibling(s) attending college:

List any and all other financial assistance for which you have applied:

List any partial or full scholarships you have already received:

List colleges or universities to which you have applied. Please indicate acceptance or pending.

List any activities you have participated in during high school:

List honors you have received:

List extracurricular activities during grades 9-12: Include offices held.

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List jobs and employers during grades 9-12: Include dates of employment and responsibilities.

Write a brief statement about your financial situation and why you need financial aid.

State any other factors that you believe are important for the scholarship committee to know.

Signature of Applicant (Date)

Signature of Parent (Date)

ALL INFORMATION SUBMITTED IS STRICTLY CONFIDENTIAL TO THE SCHOLARSHIP COMMITTEE.

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To be completed by the Guidance Department

GPA _____
SAT Verbal _____ SAT Math _____ **OR** ACT Composite _____

Guidance Department Official Signature (Date)