## Fayetteville First United Methodist Church Edward N. Travis Scholarship Application

Applicant's Name	Date of Bir	th			
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: Wo	ork			
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:				

List any a	and all other financial assistance for which you have applied:
List any <sub>I</sub>	partial or full scholarships you have already received:
List colle pending.	ges or universities to which you have applied. Please indicate acceptance or
List any a	activities you have participated in during high school:
List hono	ors you have received:
List extra	curricular activities during grades 9-12: Include offices held.

Write a brief	statement about your financial situation and why you need financial aid.
List church a	activities that you have participated in.
Write a brief	statement about the importance of FFUMC in your life.
State any oth know.	her factors that you believe are important for the scholarship committee to

Signature of Applica	nt (Date)	Signaturo	e of Parent	(Date)				
ALL INFORMATION SUBMITTED IS STRICTLY CONFIDENTIAL TO THE SCHOLARSHIP COMMITTEE.								
	To be completed by t	he Guidance	Department					
GPA SAT Verbal	SAT Math	_ OR	ACT Composite_					
	000 1101	(D)	_					
Guidance Department	Official Signature	(Date)						