

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

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: \_\_\_\_\_

Page 2

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.

---

---

---

---

Page 3

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.

---

---

---

---

List church activities that you have participated in.

---

---

---

---

---

Write a brief statement about the importance of FFUMC in your life.

---

---

---

---

---

---

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.**

.....  
To be completed by the Guidance Department

GPA \_\_\_\_\_  
SAT Verbal \_\_\_\_\_ SAT Math \_\_\_\_\_ **OR** ACT Composite \_\_\_\_\_

\_\_\_\_\_  
Guidance Department Official Signature (Date)