

LOVELAND METHODIST FOUNDATION SCHOLARSHIPS

(Please type or print clearly in ink)

Attach Picture

Date of Application: _____

Personal Information

Name _____
(Last) (First) (Middle)

Address _____
(Street and Number) (City) (Telephone)

Date of birth _____

Name of parent or guardian _____

Are you or your family (spouse, parent, guardian, child) a member of the First United Methodist Church of Loveland? _____

From what high school will/did you graduate? _____

Educational Plans

1. Where do you plan to attend college next year?

(Name of School) (Address)

2. What is your major? _____

3. Date you plan to enter school _____

Activity Information

Name of Activity	Years Active	Positions/Offices Held

What honors or special recognition have you received (school, church, or community)?

ACT Score _____ Class Standing _____

Confidential Financial Information

Father (Guardian): Occupation _____

Mother: Occupation _____

Net income for parents in the last year: _____

Number of persons dependent upon income (including parents, dependent children, aged relative, or others as reported on income tax return): _____

Are you included on tax returns? _____

Net worth of parents? _____

Will any of the persons included as dependents above be in college when you are? _____

How many? _____ Where are they attending college? _____

Resources for student for the coming academic year:

From parents.....? _____

From friends and relatives? _____

From student's earnings, including anticipated summer earnings...? _____

From other sources...? _____

Total \$ _____

Do you plan to work part time in college? _____

If you plan to drive a car while in school, give reasons, ownership of car, etc. _____

Where will you live? (Please check one) with parents _____ on campus _____ other _____

Anticipated Educational Expense for the Coming Year

Tuition and fees \$ _____

Board..... \$ _____

Room \$ _____

Transportation \$ _____

Other expenses (books, misc)... \$ _____

Scholarship or Financial Aid Applied For: _____

Scholarship or Financial Aid Received: _____

(If additional space is needed, please attach your own sheet to this application)

Please Check Your Estimate of Financial Need:

_____ Can attend college, but with some financial aid.

_____ Will probably attend college, but will need substantial assistance.

_____ Cannot attend college unless virtually full assistance is secured.

Signature of Applicant

Signature of Parent or Guardian

Signature of Parent or Guardian

Check List:

___ Completed application form

___ Picture

___ Transcript

___ Three (3) letters of recommendation

___ Personal letter from applicant

___ Parents last year's federal tax return, without exhibits

___ Parents financial statement showing net worth