

MATTHEW CHRISTIAN MEMORIAL SCHOLARSHIP APPLICATION

NAME _____

ADDRESS _____ TEL. # _____

COLLEGE YOU WILL ATTEND: _____

MAJOR FIELD OF STUDY _____

TUITION PER YEAR \$ _____ ROOM AND BOARD \$ _____

FATHER'S NAME _____ MOTHER'S NAME _____

FATHER'S OCCUPATION _____ MOTHER'S OCCUPATION _____

FATHER'S COMPANY _____ MOTHER'S COMPANY _____

DID YOU FILE A FAFSA? _____ (Free application for Federal Student Aid) IF SO, PLEASE LIST

EFC# _____ (Expected Family Contribution) FROM YOU STUDENT AID REPORT

APPLICANT'S PLACE OF EMPLOYMENT _____

PLEASE LIST BROTHERS AND SISTERS NOW ATTENDING SCHOOL OR COLLEGE

<u>NAME</u>	<u>AGE</u>	<u>SCHOOL</u>	<u>NAME</u>	<u>AGE</u>	<u>SCHOOL</u>
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I DECLARE THAT I HAVE READ THE ABOVE STATEMENTS AND THAT TO THE BEST OF MY KNOWLEDGE THEY ARE COMPLETE AND ACCURATE

SIGNATURE OF APPLICANT _____

SIGNATURE OF PARENT OR GUARDIAN _____

Please attach an essay explaining "How you overcame an obstacle or hardship in your life or family"

If you wish to provide the scholarship committee with additional information, please use the reverse side of this sheet; do not attach any additional sheets. ALL APPLICATIONS ARE DUE ON OR BEFORE APRIL 4TH.