

Alamo Heights United Methodist Church

NEW APPLICANT

Basse Campus Scholarship Application

Due Saturday, March 1, 2025

Student Information

Name: _____
Last First Preferred Name

Address (home): _____

City: _____ State: _____ Zip Code: _____

Your Cell Phone: _____ Your Date of Birth: _____

Your Email Address: _____ Your Marital Status: _____

Family Information

Spouse's Name: _____ Spouse's Cell: _____

Mother's Name: _____ Mother's Cell: _____

Father's Name: _____ Father's Cell: _____

Church Involvement

You must be on the AHUMC Basse Road Membership Roll to be a member. If you are unsure, please ask the church office before applying.

Are you a member of AHUMC (circle one)? Yes No

Date You Became a Member at AHUMC (mm/dd/yy): _____

Please describe church activities that you have participated in at AHUMC: _____

High School Information

Please only complete this section if you have not started college. Current college students should skip this section and proceed to "College Information and Activities".

High School Attended: _____

Expected Graduation Date: _____ GPA: _____ ACT: _____ SAT: _____

You must attach a list of any Honors, AP, GT, or Dual Credit classes completed, any honors you received, activities you participated in, or offices you've held during high school. If you do not attach this, you will not be considered for a scholarship.

College Selection

List the colleges where you have been accepted (or expect to be). Please list in prioritized order.

1. _____ 2. _____

3. _____ 4. _____

If decided, your major will be: _____

College Information and Activities

Please only complete this section if you have started college.

College Attended: _____ Dates: _____ Major: _____

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Hours Completed: _____ College GPA: _____

Please list any Church or Christian Groups you attend or activities you are involved in at college:

List any honors you received, activities you participated in, or offices you've held in college (you may attach a separate list if necessary):

College

Current Address: _____

Work History (please list most recent work experience first)

Employer's Name / Business	Months / Years	Position Held
_____	_____	_____
_____	_____	_____

What are your employment plans for the summer and/or during the school year (if any)?

Summer _____

School Year _____

Financial Need

How much money will you need for one year of college? (This info can be found on your college's website.)

Tuition and Fees for One Year: \$ _____

Books: \$ _____

Living Expenses: \$ _____

Other (travel, food, clothing, etc.): \$ _____

Total Funds Needed: \$ _____

Have you applied for financial assistance? Yes No

If so, have you been notified of any awards? Yes No

Amount Awarded / Expected to Be Awarded: \$ _____

How much money do you anticipate receiving from the following sources in the next year?

Self:	\$ _____	Please write down your parents', guardian's, or spouse's <u>dependents only</u> . Write their names and ages, <u>including yourself</u> .
Parents / Family:	\$ _____	
Grants:	\$ _____	
Loans:	\$ _____	
Savings:	\$ _____	
Scholarships:	\$ _____	
Other Sources (list please):	\$ _____	
Total Funds Anticipated:	\$ _____	

If you are financially dependent or are supported by your parents/guardian/spouse, no matter what your age, please complete the following section. If you are not a dependent, only list you and your spouse's income (if any).

Mother's Employer: _____
___ \$50,000 or less ___ \$50,001-\$75,000 ___ \$75,000-\$100,000 ___ over \$100,000

Father's Employer: _____
___ \$50,000 or less ___ \$50,001-\$75,000 ___ \$75,000-\$100,000 ___ over \$100,000

Your Employer: _____
___ \$50,000 or less ___ \$50,001-\$75,000 ___ \$75,000-\$100,000 ___ over \$100,000

Spouse's Employer: _____
___ \$50,000 or less ___ \$50,001-\$75,000 ___ \$75,000-\$100,000 ___ over \$100,000

Your signature certifies that all the information you have provided is accurate and correct to the best of your knowledge.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian (any age if dependent): _____

Signature of Parent/Guardian (any age if dependent): _____

Your parent(s)/guardian(s) must sign in addition to you if you are their dependent, regardless of your age.