

APPLICATION FOR SCHOLARSHIP FUNDS

CHURCH WOMAN UNITED

INDEPENDENCE UNIT

Due March 31st, 2016

Name _____

Address _____ Phone _____

Father's Name _____ Occupation _____

Address _____ Phone _____

Mother's Name _____ Occupation _____

Address _____ Phone _____

How many siblings live at home? _____ Family Gross Income _____

Name of Church, Synagogue, Mosque or other faith association you attend _____

Address _____

Are you an active member Yes _____ No _____

Spiritual Advisor's Name: pastor, rabbi, imam, priest, youth pastor, youth leader or an adult mentor

Name of School you attend _____

Do you plan to be employed while attending school? Yes _____ NO _____

What is your planned major field? _____

List other organizations and/or activities in which you are interested: _____

Will you be willing to keep Church Women United informed of your progress by a personal visit or letter?

Yes _____ No _____

Note: In addition to answering the above questions, please furnish letters

of reference from your spiritual advisor or other adult mentor, your high school principal,

and your counselor. Also send a copy of your transcript and ACT scores to the CWU Scholarship Committee.

N/A - Not applicable- will not be accepted when answering questions.

Please read over your application before signing it and sending the required information with it to be sure every line has been filled in properly.

Chairperson: Sandy Naylor

Address: 19113 E 19th St. Ct. S., Independence, MO 64057

Phone: (816) 796-0542

Signature of Applicant: _____ Date _____