

MOUNT ZWINGLI UNITED CHURCH OF CHRIST  
Wadsworth, Ohio

SCHOLARSHIP APPLICATION

For School Year \_\_\_\_\_.

APPLICANT'S NAME: \_\_\_\_\_, \_\_\_\_\_ (Last) (First) (Init.)

ADDRESS (CURRENT) \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

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EDUCATION BACKGROUND

High School Diploma From \_\_\_\_\_

Other - Or Related Schools Attended \_\_\_\_\_

Presently Attending (If any) \_\_\_\_\_

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WRITE A SHORT STATEMENT ON YOUR PRESENT GOALS, EDUCATION AND OTHER...

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If additional space is needed, use another paper and attach)

GENERAL INFORMATION:

1. Are you the recipient and/or have you applied for other scholarships/grants/etc.? YES \_\_\_\_\_ NO \_\_\_\_\_ (If "Yes," please indicate something about this/these: \_\_\_\_\_)

2. Describe the Course of Study you intend to pursue, and which this scholarship-grant will help you accomplish: \_\_\_\_\_

3. Give a short statement on your experiences at Mt. Zwingli: \_\_\_\_\_

(How long a member, when confirmed, favored memories, etc.)

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SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_  
(If a minor, this also allows for release of academic records, etc..)