

Ray S. Church Memorial Scholarship Application

A. STUDENT INFORMATION

Deadline: March 1

Name: First _____ Middle _____ Last _____ Soc.Sec. # _____

Home Address: Number & Street _____ Apartment # _____

City _____ State _____ Zip _____ Birthdate _____ Are You a U.S. Citizen? _____

Home Phone _____ Cell Phone _____ Email Address _____

I Plan to Complete My College Education by: Month: _____ Year: _____ Any Physical Limitations: _____

Name: Mother/Guardian/or _____ Name: Father/Guardian/or _____
Nearest Living Relative Nearest Living Relative

Address _____ Address _____

Occupation _____ Occupation _____

Employer _____ Work No. _____ Employer _____ Work No. _____

In your Household (HH) # of Brothers and Sisters _____ Ages _____ # in College _____ Where & What Year _____

_____ Total # persons living in your HH (excluding you) _____

Your Spouse (if Applicable): Name _____ Occupation _____

Spouse's Employer _____ Do You have Children? _____ Number _____ Ages _____

Applicant Work History (Beginning with most recent):

Employer _____ Dates _____ Duties _____

1. _____

2. _____

3. _____

Will you work: during the school year? _____ Where? _____ during the summer? _____ Where? _____

B. EDUCATION/ACADEMICS (Please attach most recent official high school grade transcript (at least 1st sem, 12th) or academic yr-end college transcript)

Name of College you will attend _____ City _____

Your address at College: Street _____ Apt. _____ City _____ State _____ Zip _____ Phone _____

Major _____ Minor _____ Degree you're seeking _____ Expected Hrs for: Fall Sem _____ Spring Sem _____

or Fall Qtr _____ Winter Qtr _____ Spring Qtr _____ or Summer school next year _____ Cumulative GPA _____

C. STUDENT ACTIVITIES

Please attach a resume OR a list of activities in which you currently participate or have participated including positions held, dates of participation, estimated time spent on each activity and any special honors received.

For Committee notes:

D. FINANCIAL AID & COST OF COLLEGE

Have you completed the Free Application for Federal Student Aid (FAFSA)? _____ When? _____ If no, why not? _____

Where will you live: off campus housing _____
Describe _____
On campus housing _____
Describe _____

List Your Expenses for the Academic Year
Tuition \$ _____
Fees _____
Room/Rent/Mortgage _____
Board/Food _____
Personal needs _____
Travel Expense _____
Other (explain) _____

Total \$ _____

Please identify any scholarships for which you have applied (or received) and include total monetary value _____

E. FAMILY AND/OR STUDENT FINANCIALS

(You will be advised should tax returns be required.)

Dependent Student: your parent(s), guardian(s), family's last year's adjusted gross income \$ _____

Dependent/Independent Student: your last year's adjusted gross income \$ _____

For either status above: Total Number of Family Members _____ Total Number Dependents (excluding you) _____

Describe your financial need _____

Describe your efforts to pay for your college education _____

F. CERTIFICATION AND SIGNATURE

I hereby certify that the information included in this application is authentic and complete to the best of my knowledge. I understand and will abide by the requirements of this scholarship. I will keep The Winston-Salem Foundation aware of my educational and residential status. I will make myself available to attend/participate in scholarship functions from time to time. I authorize my school Registrar's staff to discuss my enrollment history and my grades with the selection committee and The Winston-Salem Foundation if necessary.

CHECK ONE: I HAVE BEEN ACCEPTED ON AT LEAST: A _____ HALF-TIME BASIS (6 SEM HRS MIN) OR
A _____ FULL-TIME BASIS (12 SEM HRS MIN).

If at any time I no longer meet the requirements of my scholarship, I understand that future benefits will be in jeopardy or disallowed as determined by the scholarship selection committee.

DATE _____

APPLICANT SIGNATURE _____

(Please provide a legible signature)