

Emma Kapp Ogburn Scholarship

Deadline: **April 1**

Student Information

Date: _____ Member (what church) _____

Name: First _____ Middle _____ Last _____

Street _____ Apt. _____ City _____ State _____ Zip _____

Male _____ Female _____ Race/Ethnicity _____ Home Phone _____ Cell phone _____

Email _____ Birthdate _____

Name: Father/Guardian/or Nearest Living Relative _____ Address _____ Occupation _____ Full-time _____ Part-time _____ # dependents your parents support _____

Name: Mother/Guardian/or Nearest Living Relative _____ Address _____ Occupation _____ Full-time _____ Part-time _____ # siblings in college or other post high school program _____

Dependents' names, ages, and relationship _____

If married, spouse's name _____ Occupation _____

Spouse's Employer _____ Full-time _____ Part-time _____

Do you have children? Yes _____ No _____ If so, Number _____ Ages _____

Applicant Work History (Beginning with most recent):

| Employer | Dates | Duties |
|----------|-------|--------|
| 1. | | |
| 2. | | |
| 3. | | |

Will you work during the school year? Yes _____ No _____ If so, where? _____

Will you work during the summer? Yes _____ No _____ If so, where? _____

Education/Academics

| | |
|---------------------------------------|-----------------|
| Where did you attend high school? | Graduation Date |
| Where do/will you attend college? | Graduation Date |
| Cumulative Grade Point Average (CGPA) | College Major |

Family Financials

Do you expect to finance part of your education? Yes No

If so, how? (part-time job, summer job, explain)

Adjusted gross family income last year

Did you or your family have any extraordinary expenses last year? Yes No

If yes, explain

Any unusual debts? Yes No If yes, explain

Estimated Financial Budget

Academic year

Income

Your savings

Earnings during year

Aid from parents

Aid from others

Scholarships/Grants
(explain in detail)

Spouse income

Other Income
(explain)

Total

Expenses

Tuition/Fees

Books

Room

Board

Personal needs

Travel Expenses

Other expenses
(explain)

Total

In the space below, discuss your vocational/ministry goals:

Please provide three references from your church (one may be your pastor) who know you well in relation to your ministry/vocational goals:

| Name | Relationship | E-mail Address | Phone |
|-------------|---------------------|-----------------------|--------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

My name listed below certifies that the information in this application is true and fairly represented to the best of my knowledge.

Date

Applicant