

Mattie Kolb Scholarship

The Financial Aid Office has received information for the Mattie Kolb Scholarship which is a \$500 scholarship awarded yearly by the Dothan District United Methodist Women. The scholarship is awarded based on financial need, academic record, and service to church and community.

The application and official transcripts must be mailed no later than April 15, 2018. Scholarship winners will receive notification no later than May 30, 2018.

Please contact Jolinda Strickland at jolinda928@gmail.com if you have any questions.

Mattie Kolb Scholarship Application

DIRECTIONS: Complete the application form accurately and completely. Attach

additional sheets if needed. Put NA in any blank not applicable to you. Applications not filled out completely and applications postmarked

after April 15th will not be considered.

Nam	e:		relepnone:				
Addr	ess:						
	Street or P O Box		State	Zip Code			
Marital Status:		Name of Spo	Name of Spouse:				
Num	ber of Children:	Ages of Child	dren:				
Parei	nts' Name:						
Parei	nts' Address (if different f	rom yours):					
Parei	nts' Telephone Number: _	Nu	mber of brothers & s	isters living at home:			
		pers to be enrolled in colleg		academic year and name c			
FINA	NCIAL INFORMATION						
1.	What is your family's g	ross income? Place a check	in the appropriate b	lank.			
_	Under \$15,000	\$15,000-\$30,000	\$30,000-\$45,000	\$45,000-\$60,000			
_		\$75,000-\$90,000					
2.	What are your estimated college expenses for the coming year in specified categories?						
	\$	Tuition and Fees					
	\$	Books					
	\$	Housing (Resident students only)					
	\$	Transportation (commuting students only)					
	\$	TOTAL					
3.	What income do you expect to earn yourself during the coming year?						
	\$	Income for work durin	g the academic year				
	\$	Income for work during the summer or breaks					
4.	Have you received fina other than family?	ncial assistance for college Yes No	expenses during the	past year from any source			

<i>3</i> .	any other source other than your family?YesNo. If your answer is yes, specify source(s) and anticipated amount(s):							
ACADI	EMIC INFORMATION							
1.	List the name and location of the college you plan to attend during the coming year and classification							
	School:							
	Freshman	SophomoreS	enior					
2.	Identify your major:							
3.	What will your enrollm	ent status be during the coming	year?	Full-Time	Part-Time			
4.	What degree are you seeking?							
	College	Dates		Degree				
	College	Dates		Degree				
5.	Give the name and location of high school(s) you attend(ed)							
Note:	For this application to be considered, official transcripts of all high school and college work must be Sent to the address below. The transcripts must indicate your GPA.							
CHUR	CH AFFILIATION & ACTIV	ITIES:						
LIST SO	CHOOL/COLLEGE AND CO	DMMUNITY ACTIVITIES AND HOI	NORS:					
	GNATURE BELOW CERTI EST OF MY KNOWLEDGE	FIES THAT I HAVE ANSWERED A E AND ABILITY.	LL ITEMS A	CCURATELY AND	COMPLETELY TO			
 Signat	ure	 Dat	te					
This ap	oplication and your offici MATTIE KOLB SCHOLAF C/O JOLINDA STRICKLA 512 E CHURCH ST HEADLAND AL 36345-1	ND	the followi	ing address no lat	er than April 15 th :			

Note: Scholarship winners will receive notification no later than May ${\bf 30}^{th}$.