

**Ross-Harbour UMC Scholarship Application**

This is a need-based scholarship. To be considered for the scholarship:

- 1. You must show a financial need for the scholarship
- 2. You are graduating from Patrick County High School
- 3. If you are not graduating from PCHS you or your parents/guardians must attend Ross Harbour UMC on a regular basis
- 4. If the applicant does not meet the criteria for items 2 and 3 but still has a serious financial need, the committee reserves the right to award a scholarship by majority vote at their digression.

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**YOUR INFORMATION:**

Name: \_\_\_\_\_ School: \_\_\_\_\_ GPA: \_\_\_\_  
Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

**PARENTS/GUARDIAN INFORMATION:**

Father's name: \_\_\_\_\_ Employer \_\_\_\_\_  
Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Stepfather's name (if applicable): \_\_\_\_\_ Employer \_\_\_\_\_

Mother's name: \_\_\_\_\_ Employer \_\_\_\_\_  
Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Stepmother's name (if applicable): \_\_\_\_\_ Employer \_\_\_\_\_

**Annual Family Income** (This includes but is not limited to wages, child support, disability payments, social security, SSI, retirement income)

- \_\_\_ Under 20,000 \_\_\_ 30,001-35,000 \_\_\_ 45,001-50,000 \_\_\_ 60,001-65,000
- \_\_\_ 20,001-25,000 \_\_\_ 35,001-40,000 \_\_\_ 50,001-55,000 \_\_\_ 65,001-70,000
- \_\_\_ 25,001-30,000 \_\_\_ 40,001-45,000 \_\_\_ 55,001-60,000 \_\_\_ OVER 70,001

**Number of Children in Family:** \_\_\_ AGES: \_\_\_\_\_ Any already in college? \_\_\_yes \_\_\_no  
If yes, how much are the parents paying of their college expenses \_\_\_\_\_

**HAVE YOU APPLIED FOR OTHER SCHOLARSHIPS / FINANCIAL AID?** \_\_\_ yes \_\_\_no  
If yes, please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANTS AFTER HIGH SCHOOL PLANS**

What college or trade school do you plan to attend? \_\_\_\_\_  
Are you planning to attend school full-time? \_\_\_ yes \_\_\_ no Have you been accepted? \_\_\_\_\_  
Annual estimated cost \$ \_\_\_\_\_

To help us decide between applicants with equal need, please tell us about your future plans and/or any special circumstance that you would like us to consider. You may attach another sheet.