

Alamo Heights United Methodist Church

RETURNING APPLICANT

Basse Campus Scholarship Application

Due Saturday, March 1, 2025

Student Information

Name: _____

Last

First

Preferred Name

Address (home): _____

City: _____ State: _____ Zip Code: _____

Your Cell Phone: _____ Your Date of Birth: _____

Your Email Address: _____ Your Marital Status: _____

Family Information

Spouse's Name: _____ Spouse's Cell: _____

Mother's Name: _____ Mother's Cell: _____

Father's Name: _____ Father's Cell: _____

Church Involvement (*You must be on the AHUMC Membership Roll to be a member. If you are unsure, please ask the church office before applying.*)

Are you a member of AHUMC (circle one)? Yes No

Date You Became a Member at AHUMC (mm/dd/yy): _____

Please describe church activities that you have participated in at AHUMC: _____

Please list any AHUMC events or services you have attended when home from school: _____

College Information and Activities

College Attended: _____ Dates: _____ Major: _____

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Hours Completed: _____ College GPA: _____

List any Church, community service, or Christian groups you attend or are involved in at college:

List any honors you received, activities you participated in, or offices you've held in college (you may attach a separate list if necessary):

Current College Address: _____

Work History (please list most recent work experience first)

Employer's Name / Business	Months / Years	Position Held
_____	_____	_____
_____	_____	_____

What are your employment plans for the summer and/or during the school year (if any)?

Summer _____

School Year _____

Financial Need

How much money will you need for one year of college?

This info can usually be found on your college's website.

Tuition and Fees for One Year: \$ _____

Books: \$ _____

Living Expenses: \$ _____

Other (travel, food, clothing, etc.): \$ _____

Total Funds Needed: \$ _____

Have you applied for financial assistance? Yes No

If so, have you been notified of any awards? Yes No

Amount Awarded / Expected to Be Awarded: \$ _____

How much money do you anticipate receiving from the following sources in the next year?

Self: \$ _____

Parents / Family: \$ _____

Grants: \$ _____

Loans: \$ _____

Savings: \$ _____

Scholarships: \$ _____

Other Sources (list please): \$ _____

Total Funds Anticipated: \$ _____

Please write down your parents', guardian's, or spouse's dependents only. Write their names and ages, including yourself.

If you are financially dependent on or supported by your parents/guardian/spouse, no matter what your age, please complete the following section. If you are not a dependent, only list you and your spouse's income (if applicable).

Mother's Employer: _____
___ \$50,000 or less ___ \$50,001-\$75,000 ___ \$75,000-\$100,000 ___ over \$100,000

Father's Employer: _____
___ \$50,000 or less ___ \$50,001-\$75,000 ___ \$75,000-\$100,000 ___ over \$100,000

Your Employer: _____
___ \$50,000 or less ___ \$50,001-\$75,000 ___ \$75,000-\$100,000 ___ over \$100,000

Spouse's Employer: _____
___ \$50,000 or less ___ \$50,001-\$75,000 ___ \$75,000-\$100,000 ___ over \$100,000

Your signature certifies that all the information you have provided is accurate and correct to the best of your knowledge.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian (any age if dependent): _____

Signature of Parent/Guardian (any age if dependent): _____

Your parent(s)/guardian(s) must sign in addition to you if you are their dependent, regardless of your age.