

# CHURCHES HOMES FOUNDATION SCHOLARSHIP APPLICATION

## ELIGIBILITY CRITERIA

- Resident of Georgia.
- Minimum 2.0 GPA.
- Demonstrated financial need.
- Commitment to community service.
- Enrollment in or acceptance to an accredited academic institution..
- Previous recipients are encouraged to reapply, but must obtain and submit the current year's application form. Previous recipients are not guaranteed additional awards. There is a lifetime cap on awards to individual students.

Have you applied to this scholarship before?  Yes  No

What year(s) did you apply?  
\_\_\_\_\_

What year(s) did you receive it?  
\_\_\_\_\_

*Churches Homes Foundation operates with a policy of non-discrimination and considers scholarship applications without regard to race, color, creed, religion, national origin, gender, age or disability.*

## STUDENT INFORMATION:

Student Name: \_\_\_\_\_

Last

First

Middle

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Permanent Home Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

State of Residence: \_\_\_\_\_ How Long? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

High School Name: \_\_\_\_\_ Graduation Date/ GPA: \_\_\_\_\_

School Data Address: \_\_\_\_\_

Name of college or university you have been accepted or enrolled:  
\_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Year in post-secondary program next school year:  1  2  3  4  5 or

If Graduate School applicant: specify undergraduate institution & GPA: \_\_\_\_\_

Name of Graduate institution you plan to attend/are attending: \_\_\_\_\_

Graduate School:  1  2  3  4  5

Major: \_\_\_\_\_ GPA: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

**Activities, Awards and Honors** Please list all school activities in which you have participated during the past four years (e.g., student government, music, sports, etc.). Note all special awards, honors and offices held.

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**Community Involvement** Please list community organizations such as service, volunteer, and religious organizations you are now active or have previously been active in over the past four years. Note all special awards, honors and offices held.

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**Church:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Pastor:** \_\_\_\_\_

**Church Activities:** \_\_\_\_\_

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## **PARENT INFORMATION**

**Parents/ Guardian Information** \_\_\_\_\_  
Last First Middle  
**Day Phone:** \_\_\_\_\_ **Relationship to Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Place of Employment (Father):** \_\_\_\_\_

**Occupation/Title:** \_\_\_\_\_ **Annual Income: \$** \_\_\_\_\_

**Place of Employment (Mother):** \_\_\_\_\_

**Occupation/Title:** \_\_\_\_\_ **Annual Income: \$** \_\_\_\_\_

**Number of siblings at home:** \_\_\_\_\_ **Number of siblings in college:** \_\_\_\_\_

**Family Income:** \_\_\_\_\_ **Comments:** \_\_\_\_\_

**Student's Employer:** \_\_\_\_\_ **Annual Income** \_\_\_\_\_

**Note: If you are married, financial information applicable to you and your spouse should be shown in place of parent information. If you are an independent student, financial information on yourself should be shown.**

## FINANCIAL INFORMATION

Please list the name and annual amount of any scholarships, grants and financial aid you have applied for or been awarded for the coming school year only, including the HOPE Scholarship.

Name of Award:	Amount		
_____	\$ _____	<input type="checkbox"/> Granted	<input type="checkbox"/> Pending
_____	\$ _____	<input type="checkbox"/> Granted	<input type="checkbox"/> Pending
_____	\$ _____	<input type="checkbox"/> Granted	<input type="checkbox"/> Pending
_____	\$ _____	<input type="checkbox"/> Granted	<input type="checkbox"/> Pending

### School Costs

Tuition: \$ \_\_\_\_\_

Books/Supplies: \$ \_\_\_\_\_

Living Expenses: \$ \_\_\_\_\_

**TOTAL COSTS:** \$ \_\_\_\_\_

### Sources of Funds

Family Contribution: \$ \_\_\_\_\_

Student Contribution: \$ \_\_\_\_\_

Loans (List):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Funds Available** \$ \_\_\_\_\_

### **Estimated Financial Need:**

(Difference between Total Costs and Funds Available): \$ \_\_\_\_\_

**Additional Comments to support request:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of Financial Aid Officer:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I certify that the information on this application is accurate and complete.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE NOTE:**

To be considered for a scholarship you must attach ALL of the following documents to this application form.

- Completed, signed Student Application.
- A recent photograph
- A letter outlining your academic and career objectives, your commitment to community and your need for financial assistance
- One personal letter of recommendation (faculty member, college administrator, minister, employer, etc.)
- Current Complete Official Transcript(s) of Grades
- Letter of acceptance from the school you plan to attend (if a recent high school graduate).
- Signature of the College/University Financial Aid Officer, verifying your Financial Information

**Incomplete applications will not be considered.**

**Mail Application to: Ms. Faye White  
Churches Homes Foundation  
c/o MARSH  
3560 Lenox Road – Suite 2400  
Atlanta, Georgia 30326**

[faye.white@marsh.com](mailto:faye.white@marsh.com)

Fax: 404 995 3053

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