

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 Data School Name: _____ Graduation Date/ GPA: _____
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.

**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.

Church: _____

Address: _____

Pastor: _____

Church Activities: _____

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

Fax: 404 995 3053
