

Ben Hill U.M.C. Church
ATHLETICS
SCHOLARSHIP APPLICATION
(See Criteria for Eligibility)

GENERAL INFORMATION

(Please Print)

NAME _____ PHONE NO. _____

PARENTS NAME _____

ADDRESS _____ APT. NO. _____

CITY _____ STATE _____ ZIP CODE _____

ATHLETICS ACCOMPLISHMENTS

CHURCH MINISTRY INVOLVEMENT

SCHOOL and COMMUNITY INVOLVEMENT

HIGH SCHOOL INFORMATION

GPA _____

SAT/ACT Scores _____

ARE YOU THE RECIPIENT OF ANY OTHER SCHOLARSHIPS? _____

SCHOOL YOU ARE GRADUATING FROM _____

COLLEGE YOU WILL BE ATTENDING _____

COLLEGE ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SIGNATURE _____ DATE _____

