

BEN HILL UNITED METHODIST CHURCH
MABLE CAROLYN REID SCHOLARSHIP APPLICATION
(See Criteria for Eligibility)

GENERAL INFORMATION

(Please Print)

NAME _____ PHONE NO. _____

PARENTS NAME _____

ADDRESS _____ APT. NO. _____

CITY _____ STATE _____ ZIP CODE _____

LEADERSHIP POSITIONS

CHURCH MINISTRY INVOLVEMENT

SCHOOL and COMMUNITY INVOLVEMENT

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 _____