

Ben Hill U.M.C. 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 _____

SCHOOL ACCOMPLISHMENTS

CHURCH MINISTRY INVOLVEMENT

SCHOOL and COMMUNITY INVOLVEMENT

HIGH SCHOOL INFORMATION

GPA _____

SAT/ACT Scores _____

SCHOOL YOU ARE GRADUATING FROM _____

SIGNATURE _____ DATE _____