

Mattie Kolb Scholarship Application

DIRECTIONS: Complete the application form accurately and completely. Attach additional sheets if needed. Put NA in any blank not applicable to you. Applications not filled out completely and applications postmarked after April 15th will not be considered.

Name: _____ Telephone: _____

Address: _____
Street or P O Box City State Zip Code

Marital Status: _____ Name of Spouse: _____

Number of Children: _____ Ages of Children: _____

Parents' Name: _____

Parents' Address (if different from yours): _____

Parents' Telephone Number: _____ Number of brothers & sisters living at home: _____

Number of other family members to be enrolled in college during the coming academic year and name of their school: _____

FINANCIAL INFORMATION

1. What is your family's gross income? Place a check in the appropriate blank.

____ Under \$15,000 ____ \$15,000-\$30,000 ____ \$30,000-\$45,000 ____ \$45,000-\$60,000
____ \$60,000-\$75,000 ____ \$75,000-\$90,000 ____ \$90,000-\$105,000 ____ Over \$105,000

2. What are your estimated college expenses for the coming year in specified categories?

\$ _____ Tuition and Fees
\$ _____ Books
\$ _____ Housing (Resident students only)
\$ _____ Transportation (commuting students only)
\$ _____ TOTAL

3. What income do you expect to earn yourself during the coming year?

\$ _____ Income for work during the academic year
\$ _____ Income for work during the summer or breaks

4. Have you received financial assistance for college expenses during the past year from any source other than family? ____ Yes ____ No

5. Do you expect to receive financial assistance for college expenses during the coming year from any other source other than your family? _____ Yes _____ No. If your answer is yes, specify the source(s) and anticipated amount(s): _____

ACADEMIC INFORMATION

1. List the name and location of the college you plan to attend during the coming year and classification
School: _____
_____ Freshman _____ Sophomore _____ Junior _____ Senior
2. Identify your major: _____
3. What will your enrollment status be during the coming year? _____ Full-Time _____ Part-Time
4. What degree are you seeking? _____
When do you expect to complete this degree? _____
List all colleges you have attended, dates of attendance and degrees earned (if any)
- | | | |
|---------------|-------------|--------------|
| College _____ | Dates _____ | Degree _____ |
| College _____ | Dates _____ | Degree _____ |
5. Give the name and location of high school(s) you attend(ed) _____

Note: For this application to be considered, official transcripts of all high school and college work must be sent to the address below. The transcripts must indicate your GPA.

CHURCH AFFILIATION & ACTIVITIES:

LIST SCHOOL/COLLEGE AND COMMUNITY ACTIVITIES AND HONORS:

MY SIGNATURE BELOW CERTIFIES THAT I HAVE ANSWERED ALL ITEMS ACCURATELY AND COMPLETELY TO THE BEST OF MY KNOWLEDGE AND ABILITY.

Signature

Date

This application and your official transcripts must be mailed to the following address no later than April 15th:
MATTIE KOLB SCHOLARSHIP
C/O JOLINDA STRICKLAND
512 E CHURCH ST
HEADLAND AL 36345-1814

Note: Scholarship winners will receive notification no later than May 30th.