

Mt. Olive M. B. Church Scholarship Application Form

Section 1 - Personal Information

Full Name: _____

Date of Birth: _____

Social Security Number: _____

Home Address: _____

Home Phone Number: _____

Parent/Guardian 1 Name: _____

Parent/Guardian 2 Name: _____

Campus Name: _____

Campus Address: _____

Campus Phone: _____

College Applied For: _____

Race (Optional):

☐ African American/Black

☐ Asian/Pacific Islander

☐ Caucasian/White

☐ Hispanic/Latino

☐ Native American/Alaska Native

☐ Other: _____

☐ Prefer not to answer

Section 2 - Academic and Counselor's Information

Name of High School: _____

Current GPA: _____

High School Rank: _____

SAT Score: _____ ACT Score: _____

Anticipated Major: _____

Counselor's Name: _____

Counselor's Signature: _____ Date _____

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Section 3 - Activities and Interests

A. High School Extracurricular Activities:

Organization	Position Held	Dates of Involvement

Brief description of your responsibilities:

B. Volunteer Activities:

Organization	Activity	Dates of Involvement

Brief description of how you participated:

C. Honors and Academic Awards:

Award/Honor	Institution/Organization	Date

D. Work Experience:

Position	Employer	Dates of Employment

Brief description of how you participated:

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Section 4 - Short Essays

(Maximum 250 words per question. Please respond in your own handwriting or typed on a separate sheet.) Attach to application.

1. In your own handwriting, why do you feel you deserve the Mt. Olive M. B. Church Scholarship? (Required for consideration)
2. Is there any other information that we should know about you? This is your opportunity to provide information that isn't contained in other areas of the application. Please be specific.

Important Information:

- Application due by April 18th of the current school year.
- Return completed application to your counselor before the due date.

I certify that all information provided in this application is true and accurate to the best of my knowledge.

Applicant's Signature: _____

Date: _____