

**Mattie Kolb Scholarship Committee**

Dothan District United Methodist Women

C/O JOLINDA STRICKLAND

512 E CHURCH ST

HEADLAND AL 36345-1814

January 17, 2018

To Whom It May Concern:

Enclosed is an application for the Mattie Kolb Scholarship which is a \$500 scholarship awarded yearly by the Dothan District United Methodist Women. Please make copies available to any student, male or female, you believe may be interested. The scholarship is awarded based on financial need, academic record, and service to church and community.

Please contact Jolinda Strickland at [jolinda928@gmail.com](mailto:jolinda928@gmail.com) if you have any questions.

Sincerely,

Mattie Kolb Scholarship Committee

# 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 15<sup>th</sup>:

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 30<sup>th</sup>.**