

# ALEXANDERWOHL MENNONITE CHURCH

## APPLICATION FOR

### MENNONITE COLLEGE SCHOLARSHIP FUNDS

2016-2017 SCHOOL YEAR

(For full-time undergraduate students)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE \_\_\_\_\_

(Where you can be reached at school)

EMAIL ADDRESS: \_\_\_\_\_

CHURCH MEMBERSHIP: YES \_\_\_\_\_ NO \_\_\_\_\_

COLLEGE ENROLLED AT: \_\_\_\_\_

CLASSIFICATION: \_\_\_\_\_

I have selectively chosen to attend this Mennonite College in pursuit of my undergraduate degree. I hereby request your acceptance and approval of this scholarship application for the 2016-2017 school year.

PLEASE RETURN TO THE MENNONITE COLLEGE STUDENT MINISTRY TEAM [Church Office or Carol Reimer Duerksen] **by July 1, 2016.**

\_\_\_\_\_  
*Signature of Applicant* DATE \_\_\_\_\_

Approved by: \_\_\_\_\_ DATE: \_\_\_\_\_  
*Signature of MCSMT Chair or Treasurer*