

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