

# ALEXANDERWOHL MENNONITE CHURCH

## APPLICATION FOR

### MENNONITE COLLEGE SCHOLARSHIP FUNDS

#### 2024-2025 SCHOOL YEAR

(For full-time undergraduate students)

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

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

CELL PHONE \_\_\_\_\_  
(Where you can be reached via TEXT)

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 2024-2025 school year.

**PLEASE RETURN to the Church Office or Carol Reimer Duerksen by July 1, 2024.**

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

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