

ALEXANDERWOHL MENNONITE CHURCH

APPLICATION FOR

MENNONITE COLLEGE SCHOLARSHIP FUNDS

2025-2026 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 2025-2026 school year.

**PLEASE RETURN to the Church Office or Gretchen Schrag
by July 1, 2025.**

Signature of Applicant Date: _____

Approved by: _____ Date: _____
Signature of MCSMT Chair or Treasurer