

# ALEXANDERWOHL MENNONITE CHURCH

## APPLICATION FOR

### MENNONITE COLLEGE SCHOLARSHIP FUNDS

#### 2026-2027 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 2026-2027 school year.

**PLEASE RETURN to the Church Office or Rosi Reimer  
by July 1, 2026.**

\_\_\_\_\_  
*Signature of Applicant* Date: \_\_\_\_\_

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