

# Women's Guild Scholarship Application

DATE OF APPLICATION: \_\_\_\_\_

## APPLICANT INFORMATION

NAME: Last \_\_\_\_\_ Middle \_\_\_\_\_ First \_\_\_\_\_

Date of birth \_\_\_\_\_ Years resided in Manatee County \_\_\_\_\_

Home address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Personal E-mail \_\_\_\_\_

Marital status:  Single  Married  Separated  Divorced  Widow(er) U.S. Citizen:  Yes  No

Church Affiliation  Roser  Other Church  None Where you heard about this scholarship program \_\_\_\_\_

## HIGH SCHOOL INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Extracurricular activities for the past two years \_\_\_\_\_

## COLLEGE INFORMATION (MUST BE ACCREDITED)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Financial Aid/Scholarship office address \_\_\_\_\_ Phone Number \_\_\_\_\_

Major field (if known) \_\_\_\_\_  Full-time  Part-time

## PARENT INFORMATION

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

Marital status:  Single  Married  Separated  Divorced  Widow(er)

Number of dependent children in family \_\_\_\_\_

## FINANCIAL INFORMATION

Student's annual income \_\_\_\_\_ Source \_\_\_\_\_

Parent's annual income \_\_\_\_\_

List all sources of financial assistance granted to you, including loans, grants and other scholarships: \_\_\_\_\_

Please return completed application with a one-page essay explaining why you are seeking an undergraduate degree, a picture of yourself, (no larger than 3"x5") and your high school transcript to: [info@roserschurch.com](mailto:info@roserschurch.com) or mail to:

**ROSER COMMUNITY CHURCH**  
GUILD SCHOLARSHIP CHAIRMAN  
PO BOX 247  
ANNA MARIA, FL 34216

**DEADLINE IS 4TH FRIDAY IN MAY.**  
If you have any questions please call  
the church office: 941-778-0414



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