

Women's Guild Scholarship Renewal Application

DATE OF RENEWAL 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

COLLEGE INFORMATION (MUST BE ACCREDITED)

Name _____

Your College ID # _____

Your College Address _____

Phone Number _____ E-mail _____

Financial Aid/Scholarship office address _____ Phone Number _____

Major field (if known) _____ Full-time Part-time

Extracurricular activities _____

PARENT INFORMATION

Name(s) _____

Address _____

Home phone _____ Cell phone _____ E-mail _____

Marital status: Single Married Separated Divorced Widow(er)

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 and a copy of your grades to: info@roserchurch.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



RoserChurch.com

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