

**FIRST UNITED METHODIST CHURCH OF HUDSON, FLORIDA
SCHOLARSHIP FINANCIAL INFORMATION**

College attending _____

RENEWAL FORM

Address: _____

TERM: FALL or SPRING (circle one)

Date: _____

NAME: _____

ADDRESS: _____

PHONE #: (HOME) _____ (CELL) _____

1. ESTIMATED EXPENSES:

BEGINNING (MONTH) _____ (YEAR) _____

ENDING (MONTH) _____ (YEAR) _____

- A. Tuition \$ _____
- B. Fees \$ _____
- C. Books \$ _____
- D. Room/Board (Living on Campus?) Y / N \$ _____
- TOTAL** \$ _____

2. ANTICIPATED INCOME:

- A. Personal Funds - On Hand \$ _____
- B. Anticipated Earnings \$ _____
- C. Family Contribution \$ _____
- D. Grant (Copy may be requested)

Name of Grant # of years of Award

E. Scholarships: (Received & applied for) (Copy may be requested)

<u>Name of Scholarship</u>	<u># of years of Award</u>	<u>Amount this Semester</u>
_____	_____	\$ _____
_____	_____	\$ _____

F. Other Anticipated Income (Specify) _____ \$ _____

TOTAL \$ _____

YOUR LATEST TRANSCRIPT MUST ACCOMPANY THIS APPLICATION

(If transcript not available – must be submitted before beginning of next semester.)