

B. W. WATKINS MEMORIAL SCHOLARSHIP MINISTRY
Request for Financial Assistance

Name _____
LAST FIRST MI

Date of Birth: _____
MONTH DAY YEAR

Home Address: _____
STREET

_____ CITY STATE ZIP CODE PHONE

Parent/ Guardian: _____

Church Envelope number: _____

Name and Address of your College:

Name: _____

Street: _____

_____ CITY STATE ZIP CODE ENROLLMENT YEAR

Type of Program: Four Year _____ Two Year _____ Other _____

Status: Freshman _____ Sophomore _____ Junior _____ Senior _____ Other _____

Number of Credit Hours this Semester: _____

Major _____ Minor _____

Current Grade Point Average: _____

Expected Year of Graduation: _____

Name and Address of Previous College

Name: _____

Street: _____

_____ CITY STATE ZIP CODE ENROLLMENT YEAR

**A copy of your transcript from the high school or college attended must be submitted with the application. The transcripts should include all the courses you took with the grades and credits you received from each course. The transcript must be stamped by your school and have an official signature.*

For office us only

Date Received _____ Approved _____ Reviewer _____ Rejected _____