

Cudé Memorial Scholarship Application

Date: _____

1. Personal Information (Please print or type):

Name: _____

Mailing Address: _____

Permanent Address: _____

Email: _____

Phone: _____

Date of Birth: _____

Names of Parents or Guardians: _____

Ages of Siblings: _____

2. Educational Information: List your educational experience to date:

A: High School	Dates Attended	Graduation Date	Degrees	Grade Point Average
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
B: College				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Number of Years You Have Been A Cudé Scholarship Recipient: _____

Your Anticipated Degree: _____

Anticipated College Graduation Date: _____

Present Major: _____ Proposed Occupation or Profession: _____

School(s) or College(s) registered in/applied to:

5. Projected Expenses and Financial Resources for the Academic Year:
Assuming that you are accepted by the college/university of your choice, please indicate your personal projected expenses and financial resources while attending school:

Expenses:

EDUCATIONAL:

Tuition/Registration	\$ _____
Books	\$ _____
Other: _____	\$ _____
Subtotal – Educational	\$ _____

LIVING EXPENSES:

Housing	\$ _____
Utilities	\$ _____
Food	\$ _____
Transportation	\$ _____
Insurance (Auto, Health)	\$ _____
Clothing	\$ _____
Medical – Incidental	\$ _____
Entertainment	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Subtotal – Living	\$ _____
Expenses – Total	\$ _____

FINANCIAL RESOURCES:

Work	\$ _____
Parents	\$ _____
Spouse	\$ _____
Savings	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Total Financial Resources	\$ _____

Comments: _____

6. An essay (500-word maximum) describing your background and goals must be attached – explain why you feel you should be granted this scholarship. Please do not use a previous essay you have submitted.

Certification

As an applicant for the Cudé Memorial Scholarship, I hereby certify that:

1. I am in need of the scholarship in order to begin or continue my college work.
2. I became or will become a full-time college student as of: _____
3. I plan to carry a minimum of 24 credit hours per year. *Twelve (12) credits per semester, no less than eight (8) credits per tri-semester or equivalent to full time student.* I acknowledge that I must maintain a semester grade point average of at least a 2.0 to receive the scholarship.
4. I will use the scholarship funds only for the payment of tuition and required fees, board and room, and similar living expenses and for instructional equipment, materials and books.
5. I understand if I am selected and awarded the scholarship, it is my responsibility to update Sedan United Methodist Church of any changes to my application.
6. I understand if chosen, it is my responsibility to reapply each year by April 15th if I would like to continue to be considered for the scholarship.
7. I understand if I am selected and awarded the scholarship, it is my responsibility to provide the Scholarship Committee a copy of my transcripts within forty-five (45) days of the semester end.
8. I understand if my application is received after the due date, my application will be disqualified for that year but I may submit a new application the following year.
9. I understand that I must submit a new essay each year when applying. Use of previous essays will automatically disqualify me but I may submit a new application the following year.
10. All information submitted herewithin is true and correct.

Date _____

Signature of Applicant _____