



CASH SCHOLARSHIP REQUEST FORM

DATE _____ SSN _____

NAME _____

HOME ADDRESS _____

CITY/ZIP _____

NAMES: MOTHER _____ FATHER _____

HOME PHONE _____

If currently enrolled in college/university:

COLLEGE ADDRESS _____

PHONE _____

COLLEGE ATTENDING _____

ADDRESS _____

CITY/STATE/ZIP _____

DIRECTOR OF FINANCIAL AID _____

PHONE _____

TUITION AMOUNT REQUESTED: \$ _____ (bill attached)

Semester or Quarter: F W S SU

BALANCE AVAILABLE –

A copy of your tuition bill (bill the school mails you) must accompany this request. If this is your second or subsequent quarter/semester, you must have a current college transcript on file before your money will be sent. **The funds will be transferred directly to the selected institution.**

SEND TO: Joe Wheeler EMC, Attn: Benita Owens, PO Box 460, Trinity, AL 35673