ARM OF FAITH

ETTA FONDREN SCHOLARSHIP APPLICATION

Application information

Full Name: _____ Date: _____

Last *First* *M.I.*

Address: _____ Phone: _____

Street address *Apt/Unit #*

_____ Email: _____

City *State* *Zip Code*

Date of Birth _____

Current School _____ G.P.A _____ Graduation Date _____

COLLEGE PLAN TO ATTEND _____

Have you been accepted? Yes ☐ No ☐ Date School Starts _____

Are you the first generation to attend college? Yes ☐ No ☐

Have you served in the community? Yes ☐ No ☐ If yes, where _____

Do you attend church? Yes ☐ No ☐ If yes, where _____

On a separate sheet please submit a 250–500-word essay on the importance of education and giving back to the community in which you live.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____