

The Mattie-Mae Nebo-Abdulai Memorial Scholarship Foundation for youths of Saint Andrew's Episcopal Church

APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City/State/Zip Code: _____

Date of Birth: _____ Phone: _____

Email: _____

Are you a member of St. Andrew's Episcopal Church? Yes: _____ No: _____

Are you a member of an organization in St. Andrew's Episcopal Church? Yes: _____ No: _____ If so, which organization(s) are you a member of? _____

PARENTS/GUARDIANS INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Email: _____

Are you a pledging member of St. Andrew's Episcopal Church? Yes: _____ No: _____

Are you a member of an organization in St. Andrew's Episcopal Church? Yes: _____ No: _____ If so, which organization(s) are they member of? _____

EDUCATION

HIGH SCHOOL

Name of high school attended: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Expected Date of Graduation: _____

COLLEGE/UNIVERSITY

Name: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Term applying for? Fall: _____ Spring: _____ Summer: _____

Career Interest: Major: _____ Minor: _____

Expected Date of Graduation: _____

CHURCH INVOLVEMENT AT COLLEGE

Church Name: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Email: _____

Pastor: _____ Phone: _____

What is your role in the church? _____

I hereby certify that all information submitted on this application is true and accurate to the best of my knowledge. I understand that submitting nonfactual information will automatically disqualify me from consideration for all scholarships.

Applicant Signature: _____ Date: _____