Odell H. Huffman Scholarship Fund Grant Application for Those Entering an Accredited College or University

Princeton First United Methodist Church 100 Center Street, Princeton, West Virginia 24740

	
Student name:	Spouse Name:
Student's Date of Birth:	
Student's Phone Number:	Email Address:
School Attending:	Anticipated Graduation Date:
School Address:	
	Current Year in School:
Current Grade Point Average:	
Name of Home Church:	Phone Number
Address of Home Church:	
Explain your cureer plans, goals (use und	litional pages as necessary):
	ntional pages as necessary):
Please list the state or conference where	
Please list the state or conference where Do you have children? How m	you plan to serve:
Please list the state or conference where Do you have children? How m (Option)	you plan to serve: any? Do you support them financially?
Please list the state or conference where Do you have children? How m (Option)	you plan to serve: any? Do you support them financially? al: to be used only in determining financial need.)
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(Observe the following instructions as you complete the information below (college, household, and miscellaneous expenses):

Amount of income and expenses <mark>f</mark> o	or seme	ester heginn	ino		,
and the content of th			5		<u> </u>
Income <mark>(per semester)</mark> :					
Employment: \$		\$_		Total: \$	(per semester)
Applicant	ant		Spouse		(per semester)
Total Grants/Scholarships: (Please list individually on next page)	\$				
Loans:	\$				
Assistance from Parents/Relatives	\$				
Other	\$				
Total this column	\$				
				<u>Total Income</u> \$	
					(per semester)
Expenses <mark>(per semester)</mark> :					
Tuition:		\$			
Books and Related Supplies:		\$			
Travel Expenses:		\$			
Rooms and Meals: (if living on cam	pus)	\$			
Rent or House Payment: (off campu	us)	\$			
Food: (off campus)		\$			
Utilities: (off campus)		\$			
Auto Payments:		\$			
Loan Payments:		\$			
Miscellaneous/Extraordinary Expen	ses	\$			
Other: ()	\$			
				<u>Total Expenses</u> \$	S
					(per semester)

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List other scholarships and/or grants applied for/received pertaining to current academic semester:

Name	<u>Amount</u>	<u>A</u>	applied for	Received
1				
2				
3				
4				
Have you received the Odell H. Huffman scho	larship previously?	Yes	No	
If yes, please list amount of award and how it	was used:			
Please list any extracurricular/community activ	vities you currently p	earticipate	in:	
Please list three personal/educational (non-rela				
Name:			Phone:	
Address:				
Name:				
Address:				
Name:				
Address:				
Signature:				
Date:				

Please note that any applications submitted after the deadline date may not be considered unless there are special mitigating circumstances. (July 2012)

Recipients are limited to receiving awards for only eight semesters. (December 2015)