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

Application Deadlines: Fall Semester: July 31	Spring Semester: December 15
Student name:	Spouse Name:
Permanent Address:	
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:	
Please list the state or conference where you plan	to serve:
Do you have children? How many? (Optional: to be used	Do you support them financially?
Briefly state why you think you are deserving of the	his scholarship (use additional pages as necessary)

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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	ar semest	<mark>er</mark> heginnin	σ		2 .
Amount of income and expenses to	or serrics.	er oegiiiiiii	8		
Income <u>(per semester)</u> :					
Employment: \$		\$	· ·	Total:	\$
Applica			Spouse		(per semester)
Total Grants/Scholarships: (Please list individually on next page)	\$				
Loans:	\$				
Assistance from Parents/Relatives	\$				
Other	\$				
Total this column	\$				
				Total Income	\$
					(per semester)
Expenses <u>(per semester)</u> :					
Tuition:		\$			
Books and Related Supplies:		\$			
Travel Expenses:		\$			
Rooms and Meals: (if living on camp	pus)	\$			
Rent or House Payment: (off campus	s)	\$			
Food: (off campus)		\$			
Utilities: (off campus)		\$			
Auto Payments:		\$			
Loan Payments:		\$			
Miscellaneous/Extraordinary Expens	ses	\$			
Other: ()	\$			
				Total Expenses	<u>s</u> \$
					(per semester

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

Name	<u>Amount</u>	Applied for	Received
1			
2	_		
3			
4	_		
Have you received the Odell H. Huffman s	scholarship previously? Y	Yes No	
If yes, please list amount of award and hov			
Please list any extracurricular/community a			
Please list three personal/educational (non-	relative) references:		
Name:		Phone:	
Address:			
Name:		Phone:	
Address:			
Name:		Phone:	
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)