

**APPLICATION FOR SCHOLARSHIP  
ELKHORN WOMAN'S MISSIONARY UNION**

The Elkhorn Woman's Missionary Union of Central Kentucky Network of Baptists is offering several scholarships to deserving students who are active members of Baptist churches in Central Kentucky Network of Baptists. One half of the scholarship is to be paid at the beginning of each semester to the college or university student. The scholarship is not renewable, but is open to freshmen and upperclassmen. The applicant must be single; or if married, the applicant must be going into full-time Christian Service. Applicant must not be a member of a sorority or fraternity.

The selection shall be made by the Scholarship Committee of the Elkhorn WMU upon the receipt of three (3) recommendations, a personal letter of application, a completed grade sheet and upon the study of the application form submitted by each student. Applicant must have been accepted by the school of his/her choice. Incomplete applications will not be considered. The application and academic information (grade sheet) are enclosed.

The application and all documents are to be returned to: Edwina Smarr  
WMU Scholarship Chair  
**Postmark Deadline: April 30, 2021** 1513 Green Hills Road, Lexington, KY 40505

---

1. Name of Applicant: \_\_\_\_\_

2. Address: \_\_\_\_\_  
(street) (city & state) (zip code)

Email: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. Name of High School currently attending: \_\_\_\_\_

4. Name and address of College or Seminary you plan to attend or are attending: \_\_\_\_\_

Give reason if attending school out of state: \_\_\_\_\_

What will your classification be this fall? \_\_\_\_\_

Do you plan to graduate? \_\_\_\_\_ What will be your major? \_\_\_\_\_

5. Are you seeking God's will for your life? \_\_\_\_\_

Where is your church membership? \_\_\_\_\_

Do you faithfully and regularly attend your church? \_\_\_\_\_

List church activities and leadership responsibilities:

6. If in College or Seminary – list current church activities:

7. Name and address of parents and guardians: \_\_\_\_\_

---

(Address)

Are both parents employed? \_\_\_\_\_ If so, give occupation and employment of parents:

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Approximate total yearly incomes of family: \_\_\_\_\_

Do your parents support you? \_\_\_\_\_

Are you employed? \_\_\_\_\_ If so, where? \_\_\_\_\_

Married students: Please list annual household income: \_\_\_\_\_

8. Number in family: \_\_\_\_\_

9. Ages of brothers and sisters still at home: \_\_\_\_\_

10. Other siblings in college: \_\_\_\_\_

11. Are you married? \_\_\_\_\_ Do you plan to marry in the near future? \_\_\_\_\_

12. Can you satisfactorily work out plans for attending college, including finances needed in addition to the scholarship? \_\_\_\_\_

Will you receive any other grants or scholarships? \_\_\_\_\_

If so, what and how much? \_\_\_\_\_

13. What is the tuition? \_\_\_\_\_ Room and board? \_\_\_\_\_ Lab fees? \_\_\_\_\_

14. List and briefly describe school offices held, committees on which you have serviced, school activities in which you were involved and any of your other responsibilities:

A. School:

B. Organizations:

15. Please give the names and address of the three persons for whom you asked to write a recommendation. (Note: Acad3emic – Information (Grade) Sheet is not a letter of recommendation).

a. Pastor or Staff Member:

\_\_\_\_\_ (name)

\_\_\_\_\_ (address)

b. Principal/Dean/Advisor:

\_\_\_\_\_ (name)

\_\_\_\_\_ (address)

c. Other:

\_\_\_\_\_ (name)

\_\_\_\_\_ (address)

**NOTE: Return three letters and academic information sheet with this application.**

16. On the back page of this application, write a personal letter listing your life goals, pertinent personal facts, and some ideas of your part-time or full-time work plans.

**If I should be awarded this scholarship, I shall accept the following responsibilities:**

***Follow through with my plans for attending college unless it is absolutely impossible to do so. In the event it is impossible, I shall notify the Chairman of the Scholarship Committee by August 1.***

**Date:** \_\_\_\_\_ **Signed:** \_\_\_\_\_  
*Student Signature*

**Statement of Parent or Guardian:**

***If \_\_\_\_\_ should receive the Elkhorn Woman’s Missionary Union Scholarship, I am willing for him/her to go to college, and believe we can make satisfactory arrangements for him/her to attend. I shall also help him/her to carry out the responsibilities listed that go with receiving the above scholarship.***

**Date:** \_\_\_\_\_ **Signed:** \_\_\_\_\_  
*Parent Signature*

*Elkhorn Woman's Missionary Union*

**WMU Scholarship Academic Information Sheet**

(To be completed by High School Principal, Counselor, Dean of Students or Advisor)

Name: \_\_\_\_\_ School: \_\_\_\_\_

1. Provide the applicant's academic standing: \_\_\_\_\_ (A = 4, B = 3, C = 2, D = 1)
2. Indicate the applicant's ratings on the Scholarship Aptitude Test and/or the American College Testing:

SAT: Verbal: \_\_\_\_\_ Math: \_\_\_\_\_

ACT: Composite Score: \_\_\_\_\_ National College Bound Percentiles: \_\_\_\_\_

Give rank in class: \_\_\_\_\_ Number in class: \_\_\_\_\_

3. Estimate the following personal qualities of the applicant:

**POOR**      **AVERAGE**      **ABOVE AVERAGE**      **EXCELLENT**

General Appearance  
Poise and Self Control  
Manners  
Character  
Health

4. Provide the name(s) of any other scholarships for which the applicant may be applying: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the applicant receives this scholarship, will it prevent him/her from accepting another one? \_\_\_\_\_

5. Give us your opinion of the following:

Do you believe this applicant understands the obligations of a scholarship winner?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you believe he/she is conscientious in making application for this Scholarship?

Yes \_\_\_\_\_ No \_\_\_\_\_

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
(Principal, Dean, Advisor or Counselor)

**APPLICANT'S PERSONAL LETTER:**