

# Matilda Eye Memorial Scholarship

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**All applications and required documentation must be postmarked by March 15. Late or incomplete applications cannot be accepted by the Foundation so please follow all application requirements carefully.**

## Requirements:

Preference given to United Methodist church members graduating from Hampton High School.

The scholarship will be awarded to a graduating high school senior.

Applicant must be enrolling in a vocational school, private/public university/college or community college.

Applicant must submit grade transcript to date.

Applicant must submit proof of ACT/SAT test scores

Applicant must submit Financial Need Analysis sheet or FAFSA/IRS Tax return

Applicants must have two letters of recommendation:

School advisor/counselor

Community leader, i.e. employer, additional teacher, etc.

Applicant must submit a letter from their Pastor stating the student is a member of the United Methodist Church and detailing the student's church involvement.

## Personal:

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

Permanent Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Birth date: \_\_\_\_\_ Home Phone: \_\_\_\_\_

US Citizen: \_\_\_\_\_ If No, Where? \_\_\_\_\_ Marital Status: \_\_\_\_\_

Dependent Children: \_\_\_\_\_ Ages: \_\_\_\_\_

## Church Affiliation:

Church Name: \_\_\_\_\_ How Long? \_\_\_\_\_

**My pastor's signature** below verifies my membership and/or that I have been nominated by my church's Ad. Board Council.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

District: \_\_\_\_\_ Church Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Education:

High School Graduation Date: \_\_\_\_\_ GPA: \_\_\_\_\_ ACT/SAT: \_\_\_\_\_

Name of High School: \_\_\_\_\_

College Name: \_\_\_\_\_

Planned College Enrollment Date: \_\_\_\_\_

Accepted? \_\_\_\_\_ Full Time? \_\_\_\_\_ Attending Full Year? \_\_\_\_\_

If No, Please Explain \_\_\_\_\_

\_\_\_\_\_

Vocation:

What career are you preparing for? (If undecided list top three choices)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Activities and Interests:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Statement of Applicant:**

I certify that the information given on this application is true, correct and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit application and all required materials by March 15<sup>th</sup> to:**

Iowa United Methodist Foundation  
2301 Rittenhouse Street  
Des Moines, IA 50321

# Matilda Eye Memorial Scholarship Financial Need Analysis

(From most recent tax return)

Dependant Student (use parents income)

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Independent Student: (use own income, if married include spouse)

Total household annual income before taxes: \_\_\_\_\_

Number of children in your family (include self if applicable): \_\_\_\_\_

Number of children claimed as dependants (include self if applicable): \_\_\_\_\_

Number of dependants in college next year: \_\_\_\_\_

Medical and dental expenses not paid by insurance: \_\_\_\_\_

Emergency Expenses (Flood damage, etc.) \_\_\_\_\_

Total value of bank accounts and other investments (stocks/bonds, etc.) \_\_\_\_\_

Amount of scholarships and other financial aid already received: \_\_\_\_\_

Anticipated educational expenses (fees, tuition, books, room, board, etc) \_\_\_\_\_

Will it be necessary to borrow to cover your expenses? \_\_\_\_\_

Additional people dependant on persons income:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Unusual circumstances?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Statement of Applicant:**

I certify that the information given on this application is true, correct and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_