

Application due May 15th, 2021. Please email this application and attachments to Heritage District AADS at sarah.carter@nccumc.org

Student Name (First, middle, last) _____

Contact information: Phone _____ Email _____

Permanent Mailing Address: _____

State _____ Zip code _____

Expected graduation date from High school: _____

Expected graduation date from College: _____

Anticipated start date for College/University/Continuing Education _____

Proof of Identity: (Birth Certificate, Passport, Driver's license, state ID Card)

Enrollment Status: _____ Full-time _____ Part-time

Intended degree program: _____

Cumulative High School GPA _____

High School Class Ranking _____

Last College Attended _____ Date attended: _____ GPA: _____

Hours completed _____

Degree sought: _____ Date completed: _____

Please attach a sheet with answers to following questions (100 words or less for each question):

Describe your participation in the life of a Heritage District church or ministry. If you are in college, describe your current church/ministry participation:

How does your faith inform your life?

Describe why you are applying for this scholarship:

What accomplishment(s) are you most proud of?

Describe how you hope this degree/program will impact your life: