

# Mount Olivet UMC Scholarship Application Form

Please save your file in the following format:

Name\_Application\_MOUMC.pdf

I am applying for, please check all that apply

Carolee O’Neal Bell Memorial Scholarship

Louise “Bubbles” Daniels Memorial Scholarship

Richard Cole Evans Memorial Scholarship

Betty Ruth Flowers Gibbs Memorial Scholarship

Helen Britt VanCleaf Petty Memorial Scholarship

Richard “Dick” Ward Memorial Scholarship Fund

**Special Criteria:**

“Woody” Gaskill/Keith Jones Memorial Scholarship (Manteo Only)

Karen Phillips Memorial Scholarship (Nursing/Medical)

Jane Abbott Zegopulos, R.N. Memorial Scholarship Fund (Nursing)

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Applicant’s name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Students cell phone #: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Home address: \_\_\_\_\_

Student’s current email address: \_\_\_\_\_

Student lives with: \_\_\_\_\_

Father/guardian’s name: \_\_\_\_\_

Address (if different from applicant): \_\_\_\_\_

Father’s email address: \_\_\_\_\_

Father’s education: \_\_\_\_\_

Father’s employment: \_\_\_\_\_

Mother/guardian’s name: \_\_\_\_\_

Address (if different from applicant): \_\_\_\_\_

Mother’s email address: \_\_\_\_\_

Mother’s education: \_\_\_\_\_

Mother’s employment: \_\_\_\_\_