

Please return by April 14 to:

Crewe United Methodist Church
PO Box 105
Crewe, VA
23930

\$1500. ⁰⁰

**THE CREWE UNITED METHODIST CHURCH
ELIZABETH GOODALL WILSON
EDUCATIONAL SCHOLARSHIP FUND**

APPLICATION

Name of Applicant

First	Middle	Last
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Mailing Address

Street	City	Zip Code
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Parents/Guardian Name

Number of Dependent Brothers/Sisters _____ Their Ages _____

Name of College/University You Will Attend

List Other Education Financial Assistance You Are Receiving Or Will Receive

Clubs/Organizations _____

Hobbies/Sports/Interests _____

Future Goals/Plans

On a separate page please state why this scholarship is important to you.

Signature _____ Date _____