

PLEASE READ AND SIGN BELOW:

I certify under penalty of perjury that all the information provided above is true and correct. I further certify that all supporting documents submitted are a true representation of my financial circumstance. If required, I agree to provide additional documentation to verify my need for a financial assistance scholarship. I understand that Aldersgate UMC tries to award financial assistance scholarships to as many applicants as possible, to the extent that funds are available.

Applicant's Signature: _____ **Date:** _____

Please attach the following:

1. Copies of your latest Federal and State tax return
2. Copies of all W-2 forms for the current year
3. Your 2 most recent pay stubs
4. Copies of any other supporting documentation you feel will aid us in evaluation your application

Received by: _____ **Date:** _____ **Time:** _____

Aldersgate UMC Non-Discriminatory Policy

AUMC admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of it's education, policies, admissions policies, scholarship, and financial aid programs, and athletic and other school administrated programs

OFFICE USE ONLY:

Amount of scholarship approved for:

\$ _____ /month:

\$ _____ /total amount:

Approval Signatures: _____ Date: _____

Approval Signatures: _____ Date: _____