



## DREAMer Scholarship Fund *Application Form*

Name of student: \_\_\_\_\_

Date of application: \_\_\_\_\_

Current address: \_\_\_\_\_

Current phone: \_\_\_\_\_

Current e-mail: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Permanent (family) address: \_\_\_\_\_

1. Have you shared your decision to apply for this scholarship with your home congregation?  Yes  No

2. Do you give permission to contact your congregation about your financial need?  Yes  No  
If not, please list the reasons why you do not wish to have your congregation contacted.

3. Does your congregation have a "matching fund" for education?  Yes  No

If yes, please list amount congregation will contribute. Grant \$ \_\_\_\_\_ Loan \$ \_\_\_\_\_

4. Which college will you attend in the coming academic year? \_\_\_\_\_

5. Which year?  1<sup>st</sup> year  2<sup>nd</sup> year  3<sup>rd</sup> year  4<sup>th</sup> year  graduate school

6. Are you pursuing other possibilities for meeting your financial need? If so, please indicate sources.

### 7. Congregational information

Name of home congregation: \_\_\_\_\_

Congregation city and state: \_\_\_\_\_

Name of pastor: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail of pastor: \_\_\_\_\_

**Signature of Pastor.** I verify that this person \_\_\_\_\_ is a member of \_\_\_\_\_ attends (please circle) our congregation and is in good standing in our congregation. To the best of my knowledge, this person qualifies for this scholarship

Pastor's signature \_\_\_\_\_ Date \_\_\_\_\_

8. Is your congregation a member church of Mennonite Church USA?
  
  
  
  
  
  
  
  
  
  
9. What is the name of the high school you graduated from, the location and the year you graduated?
  
  
  
  
  
  
  
  
  
  
10. What is the name and location of the college/university or trade school you are attending?
  
  
  
  
  
  
  
  
  
  
11. Please explain how receiving this scholarship will help you accomplish your educational or career goals.

**12. Contact information.**

Name of parent or other relative: \_\_\_\_\_

Address (street, city, state, zip): \_\_\_\_\_

\_\_\_\_\_

Home phone number (\_\_\_\_\_) \_\_\_\_\_

**13. Fundraising.** Each year we send a letter to people and congregations who have contributed in the past to the scholarship fund. It is helpful to include a quotation from one or more students in the program.

- May we quote your words on this application and use your name in a fundraising letter? \_\_\_Yes \_\_\_No
  
- If you do not want us to use your name, can we use your words without your name, using a phrase such as "a DREAMer Scholarship recipient?" \_\_\_Yes \_\_\_No

**14. Suggested contributors.** Please list names and addresses of people we may contact to ask for contributions.

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**15. Additional comments or questions**

**Student's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please return completed form to:

*Mennonite Church USA  
DREAMer Scholarship Fund  
718 N. Main St.  
Newton, KS 67114-1703*

If you have questions, contact Iris de León-Hartshorn of Mennonite Church USA at [irisdh@mennoniteusa.org](mailto:irisdh@mennoniteusa.org).

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