



David D. Duchene Memorial Scholarship Application

FAIRHOPE UNITED METHODIST CHURCH
155 SOUTH SECTION STREET
FAIRHOPE, AL 36532
(251)928-1148

Name _____ Date of Birth _____

Address _____ Phone (Cell) _____

City, State, Zip _____ Phone (Home) _____

High School _____ Date of Graduation _____

College Attending _____ Date of Entry _____

Have you been accepted? _____ If so, please attach a copy of your acceptance letter.

College Mailing Address _____ Major _____

City, State, Zip _____ Career Goal _____

Are you and/or your parents a member of Fairhope United Methodist church? _____

Briefly describe the contributions you have made to the areas listed below.

Church: _____

Community: _____

Family: _____

School: _____

Describe a significant person or event that has shaped your life. _____

What financial support do you have available at present to fund your college education (i.e. loans, grants, scholarships)? _____

Please sign below:

(Signature)

(Date)

To be considered for review your application MUST INCLUDE the following:
>A copy of high school and college (if applicable) transcripts
>Three written letters of recommendation