

# Stewart County Ministries Scholarship

Name of Applicant: \_\_\_\_\_

Institution Planning to Attend: \_\_\_\_\_

Intended Major: \_\_\_\_\_

Financial Need – In the space provided please check which one indicates your family’s adjusted gross income from last year’s tax return.

\_\_\_\_\_ under \$15,000

\_\_\_\_\_ \$31,000 to \$35,000

\_\_\_\_\_ \$16,000 to \$20,000

\_\_\_\_\_ \$36,000 to \$50,000

\_\_\_\_\_ \$21,000 to \$25,000

\_\_\_\_\_ over \$50,000

\_\_\_\_\_ \$26,000 to \$30,000

Number of dependents in your parents’ family including yourself:

Children \_\_\_\_\_ Ages \_\_\_\_\_ Number attending college: \_\_\_\_\_

Extracurricular Activities – Organizations and clubs (show years of involvement; also, please indicate any office held.)

Honors and Awards:

Please include with your application an essay on the following topic:

**How has addiction affected you or someone you know?**

**APPLICATIONS DUE IN GUIDANCE BY MARCH 28, 2024**