

## Kiel Bonnell Scholarship Fund Application

The **Recipients** shall be high school graduates, G.E.D. certified, or students who are actively and enthusiastically attempting to continue their college education, and students who have maintained their student status in good standing. In addition, the **Recipients** shall have excelled and displayed an interest in their **Civic Responsibilities**, as well as their **Spiritual Vitality**, shown by their interest and work in their church and its message of Hope. They shall have a cumulative grade point average of not less than 2.0 on a 4.0 scale. **Recipients should be an enthusiastic friend and supporter of their church, their country, and community of residence.**

### Application Information

**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Last

First

M.I.

**Permanent Home Address:** \_\_\_\_\_

Street Address

Apartment/Unit#

City

State

Zip Code

**Home Phone No.:**{ \_\_\_\_\_ } **E-Mail Address:** \_\_\_\_\_

**Last 4 digits of your Social Security No. :** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**No. of years lived in Otero County:** \_\_\_\_\_ **Are you a citizen of the United States?**  Yes  No

**If no, how long have you lived in the United States?** \_\_\_\_\_

**Have you ever been convicted of a crime?**  Yes  No **If yes, when?** \_\_\_\_\_

**If yes, explain:** \_\_\_\_\_

### Education

**Graduating High School** \_\_\_\_\_ **Address:** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **When will you graduate?** \_\_\_\_\_ **Or did you graduate?**  Yes  No

**If Yes, G.P.A** \_\_\_\_\_ **If No, Date of G.E.D** \_\_\_\_\_

**Current College:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Name and address of college applying to or attending:** \_\_\_\_\_

**What degree will you be working on as a full time student during the next school year?** \_\_\_\_\_

**Date you will enter and when expect to graduate from college? Enter** \_\_\_\_\_ **Graduate** \_\_\_\_\_.

**Include with this application an OFFICIAL copy of all transcripts, starting with high school.**

**\*\* Exception: prior full time college students need only submit OFFICIAL college transcripts, including college courses taken during high school or from other colleges attended.**

\_\_\_\_\_

**References**

Please complete the list below and **submit a minimum of two character reference letters**, one of which **must** be a church leader familiar with your church activities. **Two academic reference letters are also required. (All hard copy reference letters must be submitted, in addition to being listed on your application below, by the deadline of March 29, 2018 by 4:00 PM.** We also encourage letters from family members.

**Character Reference:**

Full Name: \_\_\_\_\_ His/Her relationship or Position: \_\_\_\_\_

Church or  
Company: \_\_\_\_\_ Phone# \_\_\_\_\_

**Character Reference:**

Full Name: \_\_\_\_\_ His/Her relationship or Position: \_\_\_\_\_

Church or  
Company: \_\_\_\_\_ Phone# \_\_\_\_\_

**Academic Reference:**

Full Name: \_\_\_\_\_ His/Her relationship or Position: \_\_\_\_\_

School or Company: \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_

**Academic Reference:**

Full Name: \_\_\_\_\_ His/Her relationship or Position: \_\_\_\_\_

School or Company: \_\_\_\_\_ Phone#: \_\_\_\_\_

State school and community activities that support your leadership and Christian characteristics (use additional paper as needed) : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

**Please list all other scholarships from Grace United Methodist Church Endowment that you are applying for.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The statements and information provided with this application are true and correct to the best of my knowledge.**

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

**\*\*Application and required documentation must be received by due date. If mailed the postmark must be on or before due date.**

Grace United Methodist Church Endowment Foundation, Inc.

1206 Greenwood, Alamogordo, NM 88310

(575) 437-7640

**Notice To Student:**

You may be able to reduce your federal income tax liability by claiming a Hope or Lifetime Learning Education Tax Credit or Higher Education Tuition and Fees Deduction. These tax benefits apply to the tuition and related expenses (1) paid by you or on your behalf. This information may be of use to you in calculating the amount of the tax credit or deduction you may be eligible to claim, but your personal financial records serve as the official supporting documentation for your federal income tax return. Note: To claim a Hope or Lifetime Learning Tax Credit, IRS Form 8863 is required. (Additional detail is available at [www.1098-T.com](http://www.1098-T.com))

If you are claimed as a dependent on another person's tax return, please give this notice to that person.

Please contact the Internal Revenue Service at 1-800-829-1040 or your personal tax advisor for further information relating to your eligibility for and/or calculation of these tax benefits.

- (1) Qualified Tuition and Related Expenses: the expenses must be required by and paid to the educational institution for enrollment purposes. They include tuition and certain fees; they do not include room and board, athletics (unless part of the student's degree program), insurance, equipment, transportation, or other similar personal living expenses.
- (2) Important information regarding "Scholarships and Grants": Some portion of your scholarship and grants may be subject to income tax. Please consult with the IRS or your tax advisor to determine the taxability of your scholarships and grants and how such amounts may affect the amount of your education tax credit or deduction. For additional information on these issues, please reference IRS Notice 97-60, IRS Publication 520-Scholarships and Fellowships, and IRS Publication 970-Tax Benefits for Higher Education. This information may be accessed at [www.irs.gov](http://www.irs.gov).