## Application for MaMa's Heart Scholarship Foundation, 2024- 2025 엄마의 마음 장학 재단 MaMa's Heart scholarship Foundation for Further Education

| Select one of the following: (A) Child of a single parent; (B) Child of a missionary; (C) Child of a Pastor of a non-self sufficient church; (D) Local theological student from the mission field; (E) Member of other church/community | (A/B/C/D/E) |  |
|---|-------------|--|
| In 2024-2025 school year, you will be: (1) A college freshman; (2) An undergraduate student; (3) A graduate student   | (1/2/3)     |  |

|  |  |     | _   |           |  |                                       |
|--|--|-----|---|-----------|--|---------------------------------------|
| Section I - App                                    | licant Info  | rma | tion  |           |  |                                       |
| Name<br>(Last, First MI)                           |  |     | Date of Birth<br>(MM/DD/YYYY)               |           |  | Sex of Applicant<br>(M/F)             |
| Address of<br>Applicant                            |  |     |   |           |  |                                       |
| Phone Number                                       | (Day)  |     |   | (Evening) |  |                                       |
| E-mail Address                                     |  |     |   |           |  |                                       |
| Married (M)  | Status<br>Single (S)<br>Widowed (W)                        |     |   | Ethnicity |  |                                       |
| Have you ever<br>MHSFFE so                         | been granted cholarship?<br>/ No (N)                       |     |   |           | If yes (Y),<br>year of award?            |                                       |
| Do you have any dis                                | abilities? (Y/N)   |     | What type of disability?                    |           |  | lease provide proper<br>ocumentation. |
|  | Name & Addre<br>High Schoo                                 |     |   |           |  |                                       |
| If you will be a new college freshman:             | Overall G.P.A.<br>(On the 4.0 scale)                       |     |   |           | Weighted<br>G.P.A.<br>(On the 4.0        |                                       |
| college fresilifian.                               | Name & Addre<br>the college you<br>accepted                |     |   |           |  |                                       |
| If you will be a<br>undergraduate<br>student (non- | Name & Addre<br>Attending Coll                             |     |   |           |  |                                       |
| Freshman) or a<br>graduate student:                | Overall G.P.A.   |     |   |           | Scale<br>(4.0, 4.5, or<br>5.0)           |                                       |
| Honors/Awards<br>(most important first)            |  |     |   |           |  |                                       |
| List Three Previous Education and/or Training      |  |     |   |           |  |                                       |
| Type of School                                     | Dates Attended<br>From ~ To / Number<br>of years completed |     | Name or<br>Description of<br>Course / Major | Name      | Name & Location of School (City & State) |                                       |
|  |  |     |   |           |  |                                       |
|  |  |     |   |           |  |                                       |
|  |  |     |   |           |  |                                       |

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|                              |             | То | Activities | Title & roles |
|------------------------------|-------------|----|------------|---------------|
|                              | Church      |    |            |               |
|                              |             |    |            |               |
|                              |             |    |            |               |
|                              |             |    |            |               |
| List your activities         | Mission     |    |            |               |
| including your positions and |             |    |            |               |
| durations Comm               | Community   |    |            |               |
|                              |             |    |            |               |
|                              |             |    |            |               |
|                              | activities, |    |            |               |
|                              |             |    |            |               |
|                              | sports, etc |    |            |               |

| Section II - Family Information |              |     |            |                             |                             |         |
|---------------------------------|--------------|-----|------------|-----------------------------|-----------------------------|---------|
| Name                            | Relationship | Age | Occupation | Living<br>together<br>(Y/N) | Marital Status<br>(M/S/D/W) | Remarks |
|                                 |              |     |            |                             |                             |         |
|                                 |              |     |            |                             |                             |         |
|                                 |              |     |            |                             |                             |         |
|                                 |              |     |            |                             |                             |         |
|                                 |              |     |            |                             |                             |         |
|                                 |              |     |            |                             |                             |         |

| Section III-Child of Missionary  | If applicable, plea   | se fill out this section. |
|--|---|---------------------------|
| Address of current mission   |   |                           |
| Region of current mission field (select one  | (a)Africa, Muslim Middle East<br>(b)South America, Central Asia, Eastern Europe,<br>China, Pacific Island<br>(c)Southeast Asia, North America, Western Europe,<br>Korea | [ ] (a/b/c)               |
| Total years in mission field(s)  | [ ] y   | /ears                     |
| Sending Church / Address (*)<br>(Support document from the sending<br>church is required.) |   |                           |
| Sending Mission Organization / Address   |   |                           |
| Total amount of being supported per year   | [\$   | ]                         |

## Application for MaMa's Heart Scholarship Foundation, 2024 - 2025

엄마의 마음 장학 재단 MaMa's Heart scholarship Foundation for Further Education

| Section IV - Pastor's child from churches not able to support themselves in the U.S.  If applic |   |     |   |  |
|---|---|-----|---|--|
| If applicable, please   | If applicable, please fill out this section                       |     |   |  |
| Address of the church   |   |     |   |  |
| Denomination / Associ (Support document(s) association is required                              | from the  |     |   |  |
| Length of current ministry  |   |     |   |  |
| Annual budget of the o  | church  |     |   |  |
| Annual income &   | Salary from the church  | [\$ | ] |  |
| other support of the pastor   | Other income(s)<br>(please provide<br>other income &<br>supports) |     |   |  |

| Section V - Signatures  |                |  |  |  |
|---|----------------|--|--|--|
| If the applicant is a minor, the parent, guardian, or custodian MUST sign below. (When uploaded, signature(s) not necessary.) |                |  |  |  |
| I CERTIFY THAT the information given in this application is true and accurate to the best of my knowledge and belief.         |                |  |  |  |
| Signature of Applicant  | Date<br>Signed |  |  |  |
| Signature of Parent(P) Guardian(G) Custodian(C)   | Date<br>Signed |  |  |  |

| Section VI - Financial Information  |  |  |  |
|---|--|--|--|
| List your anticipated household income and financial resoures from 08/01/24 thru 12/31/24 |  |  |  |
| Note: Compute total estimated income a  | Note: Compute total estimated income and resouces for 2024 fall semester only. |  |  |
| Gross Earnings / Wages  | \$   |  |  |
| Family Contribution   | \$   |  |  |
| Church / Employer Contribution  | \$   |  |  |
| Interest Dividends  | \$   |  |  |
| Savings   | \$   |  |  |
| Child Support   | \$   |  |  |
| SSI   | \$   |  |  |
| SSA   | \$   |  |  |
| Other income  | \$   |  |  |
| Total Estimated resources   | \$   |  |  |