Faith Elise Adora Williams Memorial Scholarship

F.A.I.T.H. Scholarship Application

Please print legibly or type

Student's Name: _____ **Age:** _____
Parent/Guardian(s) Name: _____
Address: _____
City/State/Zip: _____ **Phone Number (____)** _____
Email Address:_____@_____

Applying For: (*Check one*)

☐ **Education Scholarship** **or** ☐ **Fine Arts Sponsorship**

School or Fine Arts Institution Name: _____

_____

Student Current Grade: _____ **Most Recent Grades / Average:** _____

School Official or Fine Arts Director Name (Teacher/Counselor/Principal/ Director):

_____

Official's Contact Information (Phone & Email): (_____) _____

_____

Name of Church Affiliation: _____

Pastor's Name: _____

Please submit the application, application checklist, required documents and scholarship essay response by November 17, 2026

Certification: (Required for 4th – 8th grade students) I certify that the information provided on this application is correct and that the essay writing is my own ideas and work.

Student signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____