

M.C. AND KARLENE FARMER SCHOLARSHIP FUND
ACADEMIC YEAR 2026-2027

DEADLINE April 10, 2026

Name _____ ID# _____ SS# _____

Address _____
Street _____ City _____ State _____ Zip _____

Phone (____) _____ Birth _____
Date _____

Educational Background (Name and Dates of School Attended, Degree Received) _____

Attending the University of Mobile ___ Yes ___ No Major _____ Exp. Grad. Date _____

Name and Address of Parent/Guardian _____

Married? Yes ___ No ___ Children # _____ Spouse Employment _____

Student Employment _____ Type _____

Financial Assistance Received from Home \$ _____ Other \$ _____

Have you been licensed to the Ministry? _____ Ordained? _____

Name of Church and Address where Ordained _____

Positions of Church Leadership you have held _____

Present Church Leadership Responsibilities _____

Home Church (Name/City) _____

Present Church (Name/ City) _____

At this time, what is your ultimate goal regarding Full-Time Christian Service? _____

Briefly explain why you seek assistance and how you feel your course of study is preparing you for your calling.

Name and Address of a Pastor.

Name and address of a layperson.

I give permission to the University of Mobile's Registrar's Office to release a copy of my academic transcript to the University of Mobile Financial Aid Office to be used in consideration for this scholarship. I certify that the information provided is accurate and true to the best of my knowledge.

Student Signature _____ Date _____

Please notify this committee immediately, if your goal of full-time Christian Service changes.