

APPLICATION FOR SCHOLARSHIP

**FIRST UNITED METHODIST CHURCH**

946 VERMONT STREET, LAWRENCE, KS 66044

Phone: (785) 841-7500 Fax: (785) 841-3034

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Parents/Guardians Names: \_\_\_\_\_

Address and Phone (if different): \_\_\_\_\_

High School: \_\_\_\_\_ Current Grade Point Average: \_\_\_\_\_

College/University you plan to attend: \_\_\_\_\_

Educational plans/areas of study: \_\_\_\_\_

\_\_\_\_\_

If necessary, you may write your answers to the following four items on a separate sheet.

1. What has been your involvement in the life of the church (Be specific about areas of involvement including when you joined and include a brief description of each activity and its approximate duration)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Please provide information about any jobs you have had during your high school years.

\_\_\_\_\_

3. Please provide information about any high school extra-curricular activities in which you have participated. \_\_\_\_\_

\_\_\_\_\_

4. Please provide any information you think would be helpful to the Scholarship Committee relative to your financial needs for college. \_\_\_\_\_

\_\_\_\_\_

List two adult members of FUMC (other than relatives) who are knowledgeable of your church involvement and are submitting letters of recommendation for you.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_