

**GRACE UNITED METHODIST CHURCH
SCHOLARSHIP APPLICATION FORM**

**COMPLETED FORM MUST BE RETURNED TO GRACE UNITED METHODIST CHURCH
BY SUNDAY, APRIL 19. SCHOLARSHIPS WILL BE AWARDED ON STUDENT SUNDAY. SCHOLARSHIP AMOUNTS TO BE
DETERMINED AFTER CONSIDERATION OF FUNDS AVAILABLE.**

(Incomplete forms will not be considered. Please type or print neatly. All information will be kept in confidence.)

SUBMIT FORM AND REQUESTED STATEMENT ONLY. ADDITIONAL ATTACHMENTS WILL NOT BE CONSIDERED.

Name _____

Address _____

Telephone number _____ Date of birth _____

Mother's name _____ Occupation _____

Father's name _____ Occupation _____

Number of dependent children in family _____ Ages _____

Are you a member of Grace United Methodist Church? _____ Date joined _____

Family members current/recently enrolled in college?(Names) _____

SCHOLASTIC INFORMATION

School(s) attended (Please attach additional sheet if necessary)

	Dates attended	GPA	Degree earned

High School _____

College _____

Graduate School _____

Give a brief overview of the degree program you are currently pursuing and career plans. Please attach additional sheet(s) if necessary.

EXTRA-CURRICULAR ACTIVITIES/EMPLOYMENT (Please indicate dates of all activities)

School related _____

Participation at Grace UMC

Other community activities _____

Employment information (with number of hours worked per week) _____

FINANCIAL CONSIDERATIONS

What is the estimated cost of college expenses for the up-coming school year:

tuition _____ room and board _____ books/lab fees _____

How will your education be funded? _____

List other scholarships and amounts for the up-coming school year you have been awarded.

Have you previously been awarded scholarship(s) from Grace UMC? (please circle) YES NO

Which scholarship(s) and when? _____

Are you eligible for any grants or student loans? Specify which and amounts.

Scholarship(s) you wish to apply for:

_____ **United Methodist Women Scholarship**

_____ **Wallace and Marge Taylor Scholarship**

_____ **Michael Hargrove Scholarship—(high school students only)**

_____ **Martin L. Terry and Sue Grisby Terry Scholarship—(high school students only)**

_____ **Bonnie Lucille Beneteau Scholarship—(high school students only)**

_____ **Dr. W.G. Watson Scholarship**

_____ **Julie Crawford Hendrick Scholarship**

- *ON A SEPARATE SHEET*, please briefly tell us why you need this scholarship and why you feel you are qualified for this scholarship.
- I acknowledge that the information contained in this application is true to the best of my knowledge.

Signature

Date