

**APPLICATION FOR
ST. PHILIP'S UNITED METHODIST CHURCH
SCHOLARSHIP FUND**

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Qualifying Candidate:

_____ Paid Staff _____ Child of Paid Staff _____ Child of Member Parent *

*If Child of Member Parent, were you active in the church's youth program for the year prior to graduating from high school? __Yes __No

Parents Information (Child only):

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Please provide, in 250 words or less, a brief explanation of your goals and aspirations, as well why you are seeking this scholarship.

School: _____ Major or Program Study: _____

Course(s): _____

Scholarship amount requested: \$ _____ (max. \$500 per semester - \$1000 per year)

Is this your first request for funds? _____ Yes _____ No

Previous semester (if SPUMC Scholarship was awarded):

Course: _____ Grade _____

Course: _____ Grade _____

Course: _____ Grade _____

Course: _____ Grade _____

Course: _____ Grade _____

(Proof of grades must be provided upon request)

I certify that all of the above information is correct and I am requesting a scholarship for the current semester or the upcoming semester.

Signature _____ Date _____

For Committee Use Only

Previous funds provided under this Scholarship Program: \$ _____

_____ Approved _____ Disapproved Date: _____

Committee Member

Committee Member

Committee Member