

**FAITH UNITED METHODIST CHURCH
SCHOLARSHIP AWARD
APPLICATION FORM**

This scholarship will be announced at graduation time and will be awarded then. This grant is to be expended exclusively for your education (tuition, books, fees and living expenses connected with school attendance).

Name: _____

Address: _____

Parent / Guardian: _____

Date of Church membership: _____

Date of High School Graduation: _____

School You Plan to Attend: _____

CHURCH INVOLVEMENT

Please list the church activities in which you have been participating during the past two years. Indicate how many years you were in each activity.

Please name one member of Faith United Methodist Church, who is not related to you, whom we can ask to recommend you.

Name: _____

Address: _____

Phone: _____

COMMUNITY INVOLVEMENT

Please list the especially outstanding school and community activities in which you have participated during the past two years.
