

SCHOLARSHIP APPLICATION

First United Methodist Church
163 E. Wheeling St.
Lancaster, OH 43130

APPLICANT DEMOGRAPHICS

Applicant Name:	
Date of Birth:	
Current Address:	
Home Address:	<input type="checkbox"/> Same
E-Mail Address:	
Phone Number:	
Parents' Names:	

ACADEMICS

Current School:	
School This Fall:	
Class This Fall:	<input type="checkbox"/> Technical School <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> Post-Graduate, describe:
College Major:	
High School:	Cum GPA: Class Rank/Class Size:
College:	Cum GPA:
Honors & Awards:	List any academic honors or awards you have received in the past 2 years.

CHURCH AND SERVICE

FUMC Membership Status:	<input type="checkbox"/> Confirmed as a youth <input type="checkbox"/> Transferred from another church <input type="checkbox"/> Joined as a new member
Percent Attendance, Last Year:	
Primary reason for not attending (check one):	<input type="checkbox"/> Work <input type="checkbox"/> Away at school <input type="checkbox"/> Extracurricular activities <input type="checkbox"/> Other, describe:
FUMC Activities:	List any FUMC church activities you currently participate in or participated in while in high school.
Other Church or Campus Activities:	List any church (other than FUMC) activities or campus ministries you are involved in while away at school.
Community Service & Leadership	List any community service you have performed or leadership positions you have held in the past 2 years.

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FINANCIAL

Annual Cost of Tuition:	Tuition: \$
Living Arrangements, This Fall:	<input type="checkbox"/> On-campus housing (for example, in a dormitory) <input type="checkbox"/> Off-campus housing (for example, in an apartment) <input type="checkbox"/> At home with parents or other relatives
Method of payment: (check all that apply)	<input type="checkbox"/> On my own (job earnings, savings) <input type="checkbox"/> Help from parents <input type="checkbox"/> Student loans <input type="checkbox"/> Grants <input type="checkbox"/> Scholarships <input type="checkbox"/> Work/Study <input type="checkbox"/> Other, describe:

OTHER INFORMATION

Use this space to explain any special circumstances that should be taken into consideration when reviewing your application, or to provide additional information not requested above that you would like the Scholarship Committee to know about you.

REQUIRED ATTACHMENT

Please attach a copy of your high school transcript if you are a high school senior, or a copy of your most recent grade report with cumulative GPA if you are in college.

Signature of Applicant: _____ Date Completed: _____

Return application no later than March 31 to: **ATTN: BUSINESS OFFICE**
FIRST UNITED METHODIST CHURCH
163 E. WHEELING ST.
LANCASTER, OH 43130

OFFICE USE ONLY:	Documented attendance: _____	Award recipient last year: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Documented member, year: _____	Amount received last year: _____