APPLICATION

United Methodist Scholarship

General Board of Higher Education and Ministry
The United Methodist Church

RETURN THIS FORM TO THE UNITED METHODIST SCHOLARSHIP REPRESENTATIVE OF THE COLLEGE LISTED BELOW:

Scholarship at DePauw University, 101 E. Seminary, Greencastle, IN 46135

Social Security Number _____ Age _____

Name in full _____Male ___ Female ___

Home Address _____

Telephone _____ E-mail _____

Mailing address at school _____

Cumulative Grade Point Average _____

Classification: Freshman ___ Sophomore ___ Junior ___ Senior ___

Ethnic Group: African American ___ Asian ___ Caucasian ___
Hispanic ___ Native American ___ Pacific Islander ___
Biracial ___ Other ___

Are you a U.S. citizen or permanent resident? _____

For what career are you preparing? _____

What is the month and year of your confirmation? _____/_____

Give full name and address of the United Methodist church where you are currently an active member _____

Pastor's Name _____

Telephone _____

Describe your participation in projects and activities of church and/or community _____

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Make a statement regarding your need for financial assistance for the coming academic year _____

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Make a general statement regarding your request, including your philosophy of life, religious development, and what influenced you in selecting your career goal. Give any additional information that might be helpful.

Signed _____ **Date** _____