

Lower United Methodist Scholarship Application

I. Personal Information

A. Name _____

Phone _____ Email _____

B. Date of Birth _____ Date of Church Membership _____

C. Name of Parent/Guardian _____

D. Name of High School _____

E. Date of Graduation _____ GPA _____

F. School or community activities, offices, honors

G. Attach a letter describing how your participation in this community of faith has influenced you and a description of your goals for the future.

II. Financial Information

A. Name of College/Technical School Attending

B. Address of Financial Aid Office

C. Estimated annual education costs

D. Other sources of financial aid

E. Student's Contribution to first year costs _____

III. Letters of Recommendations

Attach three (3) letters of recommendation

- A. A letter from the pastor or youth leader of Lower UMC.
- B. Two other letters from adults one of whom is not a member of Lower UMC. Please supply the following information for each of these adults.

a. Name _____ Phone _____
Connection to applicant _____

b. Name _____ Phone _____
Connection to applicant _____

Student's Signature _____ Date _____

Parent's/ Guardian's Signature _____ Date _____

Please return this application with **all** letters to:

Susan Chaney, Secretary
Lower United Methodist Scholarship Committee
P.O. Box 98
Hartfield, VA 23071