

# SCHOLARSHIP APPLICATION

## First-Time Applicant

Abilene First United Methodist Church  
601 N. Cedar · Abilene, KS 67410 · 785-263-2623 · abilenefirstumc.org

**This application must be completed in full and submitted to the church office or the AHS Counselors' office by 5:00 p.m., Wednesday, April 8, 2020, to be eligible for consideration.**

**Return application to: First United Methodist Church  
Attention: Scholarship Committee  
601 N. Cedar Street  
Abilene, KS 67410**

These awards are available to high school seniors in good standing, or individuals pursuing post-high school education. First consideration may be given to individuals affiliated with the Abilene First United Methodist Church, with secondary consideration made to individuals affiliated with the United Methodist Church, and then to individuals active in Christian service through other denominations.

Applications will be prioritized:

1. Members and Active Participants of Abilene First United Methodist Church
2. High School Seniors
3. Undergraduate Students
4. Graduate Students

Scholastic ability and achievement, as determined by GPA, and financial need, will be considered along with demonstrations of proper motivation, citizenship and good moral character.

The student must be planning to attend, or be currently attending, an accredited institution of post high school level.

## Application Checklist

- \_\_\_\_\_ First-time applicants must complete and submit the two-page application form which follows this page of instructions. (Prior recipients should submit an alternative one-page application and current transcript.)
- \_\_\_\_\_ Copy of current transcript

Please retain this page for your records.

# SCHOLARSHIP APPLICATION FORM

## First-Time Applicant

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### GENERAL INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Class Rank: \_\_\_\_\_

High School Cumulative Grade Point Average: \_\_\_\_\_ ACT Composite: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Year of High School Graduation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Spouse's Name (if married): \_\_\_\_\_

Name of High School: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Number of Siblings and their ages: \_\_\_\_\_

Institution you plan to attend: \_\_\_\_\_

Course of study: \_\_\_\_\_

Projected Graduation Date: \_\_\_\_\_

### PLEASE READ CAREFULLY AND SIGN

I agree that if I am selected for an award I shall use the money for educational expenses. I further agree that if I drop out of college at any time during the first semester, I will return to the Scholarship Fund the full amount I have received.

Signed: \_\_\_\_\_

## EMPLOYMENT INFORMATION

What employment have you had during the last two years: \_\_\_\_\_

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Do you plan to work part-time while attending school (circle one) Yes No

## REFERENCES

Please list three references who, if called upon, can testify as to your eligibility for an award (based on need, scholastic ability and character). Church members, high school teachers, principals, counselors, and employers are useful references. **Do not use relatives.**

**Name**

**Phone**

_____	_____-_____-_____
_____	_____-_____-_____
_____	_____-_____-_____

## OTHER INFORMATION

Your Church Affiliation: \_\_\_\_\_

Your Church Activities: \_\_\_\_\_

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Honors and awards received:

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School activities and community service:

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