

SCHOLARSHIP APPLICATION

Prior Recipient

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.

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

These awards are available to 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

- _____ Prior recipients* must complete and submit the one (1) page application form which follows this page of instructions. (First time applicants should submit an alternative two-page application and current transcript.)
- _____ Copy of current transcript

Please retain this page for your records.

SCHOLARSHIP APPLICATION FORM

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GENERAL INFORMATION

Name: _____ DOB: ____/____/____

Application Date: ____/____/____

College Cumulative Grade Point Average: _____ Marital Status: _____

Address: _____

Phone: _____ - _____ - _____ Email: _____

High School attended and year of graduation: _____

Spouse's Name (if married): _____

Father's Name: _____

Father's Employer: _____

Mother's Name: _____

Mother's Employer: _____

Number of Siblings and their ages: _____

Institution you attend: _____

Course of study: _____ Projected Graduation Date: _____

Number of First UMC scholarships previously received: _____

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: _____

Your Name (Please Print): _____