

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 by 12 Noon or the AHS Counselors' office by 5:00 p.m., Friday, April 8, 2022, 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: _____

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: _____

Honors and awards received:

School activities and community service:
