



**ST. PAUL UNITED METHODIST CHURCH  
SCHOLARSHIP APPLICATION**

Applicant's Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Parent or guardian names: \_\_\_\_\_

Member of St. Paul UMC: Yes \_\_\_ or No \_\_\_      Elementary attended: \_\_\_\_\_

Intended area of study: \_\_\_\_\_

College/University/Community College or Technical School that you have been accepted to:  
\_\_\_\_\_

High School activities and/or offices held:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Community and church activities and/or offices held:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Honors and Awards:  
\_\_\_\_\_  
\_\_\_\_\_

Work Experience:

Dates	Company	Duties
_____	_____	_____
_____	_____	_____

Please list any other information you would like the committee to consider:  
\_\_\_\_\_  
\_\_\_\_\_

*due Apr 10<sup>th</sup>*

