

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	E	Elementary attended		
Intended area of study:				
College/University/Community College or	Technical Scho	ool that you have be	en 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 15th

ESSAY QUESTION In a brief essay, please tell us "What influence has the Logan Elm School District and its staff or the St. Paul United Methodist Church had on your life? You may attach your essay to this application or use the space provided.				
pplicant's Signature:	Date:			