



**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 15<sup>th</sup>*

