

Application for College Scholarship

Please type:	
Name:	Date:
Home Address:	
City:	Zip code: Telephone:
Email:	Parent's Occupations:
College Name: (List more than one if nece	ssary)
Class you are entering: (Check One) Fres Preference will be given to students to ar	hman Sophomore Junior Senior Inticipate careers in professional ministry.
Anticipate Graduating College Year:	Anticipated Major:
Local Church:	District:
Pastor:	Address:
Ohio. Please indicate how many of 2. Please list school activities and activities are activities. Please list community volunteer sets. We require two letters of recommendations.	· · · · · · · · · · · · · · · · · · ·

- come from and Associate Pastor, Lay Leader, Church Council Chair, etc.
- b. A second letter should come from a teacher, counselor, or other adult person who has been a guide, coach or mentor.

Name	Address	Phone Number	Relationship
a.			
b			
b.			

- 6. Please attach a one (1) page essay about your educational goals and how they relate to your faith. (YOUR ESSAY WILL HAVE A LOT OF BEARING ON THE GRANT.)
- 7. Please attach a copy of your transcript, letter of acceptance from the college, and financial aid
- 8. We have scholarships for college costs. There are different qualifications for some of the scholarships. For Example, some are for children of pastors in their first and second year of college. Some Scholarships are For students who are members of the East Ohio Conference of the United Methodist Church. Call if you believe that you might be an exception.

Final Date to Submit Application:

March 1 of the year for which you are applying. Incomplete Application will not be considered.