

***First United Methodist Church***

**Scholarship/Grant Application**

Scholarships and grants are distributed by the First United Methodist Church of Wichita Scholarship/Grant Committee in recognition of the outstanding contributions made and yet to be made by the members of this congregation to home, church, school, and community.

These awards affirm our church's belief in the integrity, ability and potential of our members and represent the church's effort to help them continue their formal education.

***Per Church Policy, the applicant must be a member of First United Methodist Church, Wichita to be considered for an award.***

**First United Methodist Church  
ATTN: Teresa Fields  
330 North Broadway  
Wichita, KS 67202  
(316) 267-6244  
TeresaF@firstwichita.org**

**Deadline: 5:00 PM, Monday, May 1, 2017**

I am applying for (mark one): SCHOLARSHIP \_\_\_\_\_ GRANT \_\_\_\_\_

I confirm that the information provided on this application and on supporting documents is true and correct, to the best of my knowledge. I am a member of First United Methodist Church of Wichita, KS.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**APPLICANT INFORMATION** *(please type or print clearly)*

Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_

School Address \_\_\_\_\_

Street/Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent (Home) Address \_\_\_\_\_

Street/Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Name of Educational Institution \_\_\_\_\_ Tuition Cost for 2016-17 \_\_\_\_\_

Intended Major/Area of Interest \_\_\_\_\_ School's Religious Affiliation (if any) \_\_\_\_\_

Year of Application: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ 5<sup>th</sup> \_\_\_\_\_

In 2017-18, I plan to attend: Full Time \_\_\_\_\_ # Hrs \_\_\_\_\_ Part Time \_\_\_\_\_ # Hrs \_\_\_\_\_

*First time Applicants:* High School \_\_\_\_\_ Graduation Date \_\_\_\_\_

*Graduate Applicants:* (Please list schools attended & graduation dates) \_\_\_\_\_

**REFERENCES** (please list name, address, and phone number)

Please obtain 3 letters of recommendation from non-relatives, and send them to Teresa Fields at the church (by mail, email, or hand-delivery). Letters must be dated within 12 months of the date of application and should address character, commitment, ability, and how the student is known to the sender. It is the applicant's responsibility to make sure these are RECEIVED AT THE CHURCH BY MAY 1, 2017.

Personal (1) \_\_\_\_\_

Teacher or School Administrator (1) \_\_\_\_\_

Pastor/Youth Dir. or Campus Minister (religious activities of 2016-17)(1) \_\_\_\_\_

**WRITTEN STATEMENT**

Please provide a computer generated statement (not hand written) that describes the following:

1. Your participation in activities focusing on responsibilities, leadership, honors, etc. in family, school, and community.
2. **Your participation in church/ religious activities in the past 12 months.**
3. Your long-term goals.

**TRANSCRIPT**

Provide a transcript from the school you are now attending along with this application. If **reapplying**, need only Spring and Fall 2016 transcript. Transcripts downloaded from school websites are accepted if unaltered and URL is visible at the bottom of the printed page. The student's cumulative GPA must be listed.

**OPTIONAL PHOTO**

A photo would be helpful to our committee, but is optional.

**APPLICATIONS PLUS ALL SUPPLEMENTAL MATERIALS MUST BE RECEIVED AT THE CHURCH BY 5 PM ON MAY 1, 2017. LATE APPLICATIONS WILL NOT BE PROCESSED.**

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