SCHOLARSHIP APPLICATION

EASTERN PA CONFERENCE SCHOLARSHIPS GRADUATE:

Longenecker Garrett Merit

UM Foundation

UNDERGRADUATE:

Garrett Merit Ruck Albright College

BMCR/Black UM Preachers

Eastern PA Conference The United Methodist Church P.O. Box 820 Valley Forge, Pa. 19482-0820

First-time Applicant
Second/More Applicant
Undergraduate
Graduate

FOR EASTERN PENNSYLVANIANIA CONFERENCE SCHOLARSHIPS ONLY

NOTE:

- Please note all applicants **must** be a member of a United Methodist Church in the Eastern PA Conference for at least 2 years prior to application.
- Application packet MUST be postmarked no later than March 1 for Fall awards and no later than October 1 for Spring awards (undergraduate and graduate).
- E-mailed information will not be accepted.
- Confirmation form will be mailed within 2 weeks of receipt of application.
- Must be full-time 12 hours or more.
- Must have minimum 2.5 cumulative Grade Point Average (GPA).
- Transcript unopened with each application.

(Please type or print clearly.)

Social Security NumberName in Full		Undergraduate	Graduate	
		Mal	e F	Female
Permanent Address		C'.	G	
	Street/Box #	City	State	Zip + 4
Mailing Address While in S	chool			
	Street/Box #	City	State	Zip + 4
Age Married	Single Telephone ()		
Cell ()	E-mail:			
Age(s) of Dependents(s)				
Are you a citizen or perman	ent resident of the USA?	nanent resident, list Alien Registr	ation Receipt Car	rd Number above
School you will attend during	ng scholarship year			
Address of Financial Aid O	ffice			
riddress of I manetal riid of	Street/Box #	City	State	Zip + 4
Undergraduate Academic C	lassification (scholarship year) Free	shman Sophomore	☐ Junior	Senior
Graduate Academic Classifi	ication (scholarship year)	st □ Second □ 「	Γhird □	Other

		ee Final	-	
Special ethnic schola	arship qualification: I an	n: □ Asian □ Black □ Hisp □ Pacific Islander	panic Native American Other	n/American Indian
Full name and mailing	ng address of the United	Methodist Church you joined _		
Street/Box#		City	State	Zip+4
How long have you	been a member of this ch	nurch?		
		Methodist Church where you a		
name		Street/Box #		
city	State Zip +	Current Annual	l Conference	
•	•	.	Talanhana (1
Annual Conference,	Juniscientonia, and or 110			
	er Education Attended –			
Institutions of Highe	er Education Attended –	list present school first:	Maior	Grade Point
Institutions of Highe			Major	Grade Point Average
Annual Conference, Institutions of Highe Institution	er Education Attended – Dates attended	list present school first: Degree	Major	
Institutions of Highe Institution Have you received p	er Education Attended – Dates attended from-to	list present school first: Degree Earned		
Institutions of Highe Institution Have you received p	Previous scholarship(s) ac	list present school first: Degree Earned		Average

List scholarship name(s) and academic	year awarded:		
List any academic honors, awards, etc.,	you have received		
State briefly any paid employment you l	have had or now have:		
Title of position	Employed by	Type of work	Dates
Will you be working during the current	academic year?	s 🗆 No	
If yes, will you be working part-time or	full time?		
If 25 yrs. or younger and dependent upo	on parents, complete:		
Father's name		Occupation	
Mother's name		Occupation	
If married give: Spouse's name		Spouse's Occupation	
Number and ages of person(s) dependen	nt		

Using a separate sheet of paper and in 200 words or less, describe the leadership responsibilities and activities in The United Methodist Church, Campus Ministry and/or community you have been involved in within the past two years; how achievement of your educational goals will provide leadership for The United Methodist Church and society; and how it will improve the quality of life of others.

To assure proper coordination of your application, submit the following in one envelope: First time applicant:

- Completed Application
- Essay
- Pastor letter of recommendation (1 page only)
- 2 letters of recommendation from other sources (1 page each) (may include Campus Minister)
- Copy of transcript(s)

Second time applicant:

- Completed Application
- Copy of transcript (Official Copy unopened transcript)
- 1 recommendation from the school

THIS FORM MUST BE COMPLETED EVERY YEAR.

FINANCIAL STATEMENT

This statement must be completed before your scholarship request can be reviewed.

FINANCIAL AID IS REQUESTED FOR ACADE. INCOME AVAILABLE to meet expenses for the			ENSES for the academic year:	
	,	☐ On Campus	☐ Off Campus	
Personal funds (cash, savings, etc.)	\$	Tuition	\$	
(exclude retirement funds and accounts)		Fees		
Total summer earnings \$; amount		Books		
available for school		D		
Expected earnings for academic year*		Other school related expenses		
Parental support				
Spouses income*		Food		
Assistantships		Clothing and laundry		
Grants/Scholarships (itemize with name, amount		Medical care		
and year)		Transportation (itemi:		
Loans (itemize with name, amount and year)		Other expenses (item	·	
Other Income (itemize)		TOTAL EXPENSES		
		high expenses. (Additio	ate sheet describe any unusually nal itemized expenses may also mstances that may affect your ld be explained.	
TOTAL INCOME	\$			
* After all taxes have been deducted.				
I certify that to the best of my knowledge, the informs is my responsibility to ensure all supporting documents. PA Conference no later than the appropriate deadling	nentation (officia			
(Signature of student in full)			(Date)	
(Name	of school where you	plan to enroll)		

 $The \ Scholarship \ Team \ strongly \ encourages \ applicants \ to \ apply \ for \ funding \ from \ other \ sources.$

Revised: June 2010