

GUIDELINES FOR SCHOLARSHIP
FOR
EDUCATIONAL ASSISTANCE PROGRAM
FIRST UNITED METHODIST CHURCH OF CORAL GABLES

1. The Scholarship Committee looks for applicants who show a commitment to their church, school and community, show strong academic performance, and the potential to achieve career goals.
2. The applicant must be a member of the First United Methodist Church of Coral Gables for a minimum of two years. Exceptions may be given in special circumstances.
3. The high school student must have at least a 2.5 GPA (unweighted). A college student must have a 2.5 GPA (on a 4.0 scale). Original transcripts are required to be submitted by the institution directly to the committee.
4. Grant monies will be paid directly to an accredited college, university, or institution that provides books, tuition, lodging, or board.
5. Students may apply for additional scholarships throughout their college career by completing a new application each year and giving a written update on the previous school year. (work, internships, church, school and community involvement) Original transcripts are to be submitted by the institution directly to the committee.
6. Incomplete and late applications will not be considered.

SCHOLARSHIP APPLICATION
FOR THE
EDUCATIONAL ASSISTANCE PROGRAM

FIRST UNITED METHODIST CHURCH OF CORAL GABLES

536 CORAL WAY

CORAL GABLES, FLORIDA 33134

ORIGIN AND PURPOSE OF THE EDUCATIONAL ASSISTANCE PROGRAM

The First United Methodist Church of Coral Gables (FUMCCG) established a scholarship program for Christian youth in 1955. Initially, the program provided scholarships only for students wishing to enter full-time professional church careers. Later, the program was broadened to include both scholarships and loans for church members with financial need for study in other career areas. In 2015, the loan program was discontinued and the Educational Assistance Program only provides scholarships.

The Scholarship Program is designed to honor students for their commitment to and involvement in the church as well as Christian character. The program seeks to provide financial assistance to full-time undergraduate students, seminary students, and graduate students who are members of First United Methodist Church of Coral Gables. Each year, students are invited to fill out an application and submit it to the church's scholarship committee, which is comprised of (FUMCCG) church members.

INSTRUCTIONS

1. Answer all questions completely. If additional space is required, attach additional sheets of paper. Please print or type all responses.
2. This application cannot be processed without the following:
 - a small photograph
 - an official transcript through your last term of study sent directly from your institution to the scholarship committee
 - a personal interview with the scholarship committee, to be scheduled upon receipt of the application
 - a letter of recommendation from a teacher/professor, a school counselor, a church member, or employer, etc. (including their name, phone number and or email address).
3. Please discuss on a separate sheet of paper your educational plans and future goals (one page typed or printed).
4. Last page of the application must be signed.
5. Send your completed application to :
 - Educational Assistance Committee
 - First United Methodist Church of Coral Gables
 - 536 Coral Way
 - Coral Gables, FL 3313 4

APPLICATION

Date of Application _____ 20____

Applicant's name: _____

Permanent address: _____

Present Address: _____

Telephone: _____ Home

_____ Cell

_____ Email address

Parent(s) or Guardian's Name:_(if applicable)_____

Parent(s) Address (if different from above), email address and phone number _____

Date of Birth:_____ Sex: M__F__

Member of this Church: Yes ___for ___years. No ___ If no, explain.

Attend Sunday School at this Church: Yes ___for ___years. No ___

Attend United Methodist Youth Fellowship at this Church: Yes ___for ___years.

No ___

In what ways do you participate in your Church: _____

List all community activities in which you are currently involved.

List all school extracurricular activities in which you are involved.

Is there anything not on this application that you feel we need to know? Please attach on a separate sheet of paper.

COLLEGE INFORMATION

Name of School _____ City and State _____

Fall Classification: _____

Expected Graduation Date: _____

Major or Course of Study _____

GPA: High School - Weighted _____ Unweighted _____

College _____ Graduate School _____

Signature of Applicant _____ Date _____