

THE SCHOLARSHIP FUND OF FIRST UNITED METHODIST CHURCH, GASTONIA, NORTH CAROLINA
RENEWAL APPLICATION (AS OF 11/1/2021) - PAGE 1 of 2

DEADLINE TO APPLY IS THE TUESDAY FOLLOWING EASTER SUNDAY.

NOTE: ALL INFORMATION REQUESTED BY THE SCHOLARSHIP COMMITTEE ON THIS APPLICATION AND IN THE SCHOLARSHIP INTERVIEW IS CONFIDENTIAL. PLEASE BE NEAT AND THOROUGH. THE TOTAL AMOUNT TO BE AWARDED EACH YEAR IN SCHOLARSHIPS SHALL BE DETERMINED ANNUALLY AND YOU MUST RE-APPLY EACH ACADEMIC YEAR.

FULL NAME _____ (NAME CALLED) _____

GENDER _____ BIRTHDATE _____ TELEPHONE _____

ADDRESS _____
(STREET) (CITY, STATE) (ZIP CODE)

EMAIL _____

NAME(S) OF PARENT(S) OR GUARDIAN(S) WITH WHOM YOU RESIDE

NAME(S) OF OTHER PARENT(S) OR GUARDIAN(S) (IF APPLICABLE)

PARENT/GUARDIAN OCCUPATION(S)

_____ PARENT/GUARDIAN #1

_____ PARENT/GUARDIAN #2

NAMES AND AGES OF SIBLINGS (Ex: Kimberly (15)) _____

HIGH SCHOOL(S) ATTENDED _____

PLEASE GIVE THE FOLLOWING INFORMATION CONCERNING THE COLLEGE, UNIVERSITY, OR OTHER POST HIGH SCHOOL INSTITUTION WHICH YOU ATTEND OR PLAN TO ATTEND:

NAME OF INSTITUTION _____

DATE ENTERING (ENTERED) _____

TITLE OF DEGREE BEING PURSUED (IF KNOWN) _____

POSSIBLE CAREER GOAL AT THIS TIME _____

WHAT IS THE TOTAL ANTICIPATED COST OF YOUR UPCOMING ACADEMIC YEAR? (INCLUDE HOUSING, FOOD, ETC.)

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PLEASE ANSWER THE FOLLOWING QUESTIONS

- [illegible]

PLEASE SIGN THE FOLLOWING STATEMENT UPON COMPLETION OF THIS APPLICATION:

TO THE BEST OF MY KNOWLEDGE, I MEET THE REQUIREMENTS THAT ARE LISTED ON THE COVER SHEET OF GENERAL INFORMATION FOR APPLICANTS FOR THIS SCHOLARSHIP, AND I HAVE ANSWERED ALL QUESTIONS AS ACCURATELY AS POSSIBLE.

SIGNED _____

DATE _____

*** REMIND: PLEASE SUBMIT A COPY OF YOUR MOST RECENT TRANSCRIPT. THIS DOES **NOT** NEED TO BE CERTIFIED BY THE REGISTRAR.