

APPLICATION FOR RENEWAL SCHOLARSHIP
THE SCHOLARSHIP FUND
FIRST UNITED METHODIST CHURCH
GASTONIA, NORTH CAROLINA

DEADLINE TO APPLY IS THE TUESDAY FOLLOWING EASTER SUNDAY.

NOTE: ALL INFORMATION REQUESTED BY THE SCHOLARSHIP COMMITTEE ON THIS APPLICATION 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. A COPY OF YOUR PREVIOUS SEMESTER'S TRANSCRIPT SHOULD BE INCLUDED WITH YOUR RENEWAL APPLICATION

FULL NAME _____ (NAME CALLED) _____

SEX _____ BIRTHDATE _____ TELEPHONE _____

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

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

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

PARENTS' OCCUPATION(S)

_____ FATHER

_____ MOTHER

NAMES AND AGES OF SIBLINGS _____

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.)

BRIEFLY EXPLAIN FINANCIAL ASSISTANCE YOU HAVE APPLIED FOR OR WILL BE RECEIVING FOR YOUR EDUCATION NEXT YEAR. (INCLUDE FAMILY CONTRIBUTIONS, OTHER SCHOLARSHIPS AND ANTICIPATED EMPLOYMENT).

PLEASE PROVIDE THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF TWO PEOPLE WHO MAY SERVE AS PERSONAL REFERENCES, ONE BEING A NON-SCHOOL PERSON.

PLEASE ANSWER THE FOLLOWING QUESTIONS ON AN ATTACHED SHEET. PLEASE STATE THE QUESTION BETWEEN EACH ANSWER:

1. BRIEFLY DISCUSS WHAT YOU PERCEIVE TO BE YOUR ACADEMIC STRENGTHS AND WEAKNESSES AS IT PERTAINS TO THE UNIVERSITY ENVIRONMENT.
2. LIST THE ACTIVITIES YOU HAVE BEEN INVOLVED IN ON CAMPUS AND APPROXIMATE HOURS INVOLVED.
3. LIST ANY COMMUNITY ACTIVITIES YOU HAVE BEEN INVOLVED IN DURING THE PAST YEAR INCLUDING EMPLOYMENT, INTERNSHIPS, CHURCH, OR VOLUNTEER SERVICES AND APPROXIMATE HOURS INVOLVED.
4. BRIEFLY EXPLAIN WHY SCHOLARSHIP FUNDS WOULD BE HELPFUL TO YOU. PLEASE MAKE THE COMMITTEE AWARE OF ANY FAMILY CIRCUMSTANCES THAT IMPACT A NEED FOR SCHOLARSHIP ASSISTANCE.
5. DESCRIBE YOUR FAITH STORY IN AT LEAST ONE PARAGRAPH, EMPHASIZING SIGNIFICANT PEOPLE AND EXPERIENCES THAT HAVE HELPED TO SHAPE IT.
6. WRITE A PARAGRAPH ON **ONE** OF THE FOLLOWING IDEAS:
 - A. WHAT HAVE BEEN THE MOST IMPORTANT THINGS YOU HAVE LEARNED ABOUT YOURSELF THIS YEAR?
 - B. WHAT CLASS THAT YOU HAVE TAKEN THIS YEAR, OR PERSON THAT YOU HAVE MET THIS YEAR, HAS HAD THE GREATEST IMPACT ON YOUR LIFE, AND WHY?

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 _____

REMINDER: Please submit a copy of your most recent transcript. This does not need to be certified by the registrar *