

**The First United Methodist Church
Scholarship Fund
Application Instructions**

1. Complete and sign the attached application.
2. All applications must be typed or hand printed in ink. Any application that is not legible will be rejected.
3. Staple all attachments to the application. (i.e., letters of recommendations or answers to the essay questions)
4. Type or hand print your name on the bottom of each page that is attached to the application.
5. Letters of Recommendations will not be accepted from relatives of the applicant, Church Staff, or any member of the Scholarship Committee.
6. Seal the completed application and all attachments in the envelope provided. Make sure the sealed envelope is clearly marked "Scholarship Committee".
7. Applications must be received by:

**April 12, 2021
12:00pm
at the
Thomasville First United Methodist Church
Church Office
P. O. Box 975, 425 N. Broad Street
Thomasville, GA 31799**

8. The Scholarship Committee will notify you in writing if your application was accepted or rejected.
9. The Scholarships will be awarded to the recipient or recipients on:

Senior Sunday 2021
During each worship service
All Recipients are encouraged to attend.

FIRST UNITED METHODIST CHURCH
THOMASVILLE, GEORGIA
SCHOLARSHIP FUND APPLICATION

PERSONAL INFORMATION:

NAME: _____ AGE: _____

ADDRESS: _____

City: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ EMAIL: _____

DO YOU LIVE WITH YOUR PARENTS? YES OR NO

Parents Name: _____

ARE YOU MARRIED? YES OR NO

Spouses Name: _____

DO YOU HAVE CHILDREN AT HOME? YES OR NO

How Many? _____ Names: _____

RELIGIOUS BACKGROUND:

ARE YOU A MEMBER OF THOMASVILLE FUMC? YES OR NO

ARE YOU A MEMBER OF A SUNDAY SCHOOL CLASS? YES OR NO

Name of Class _____

WHAT OTHER CHURCH ACTIVITIES DO YOU PARTICIPATE IN? (Circle ones that apply)

- | | | | |
|----------------|------------------|----------------------|-------------|
| UMYF | UMW | Men's Fellowship | Missions |
| Choir | VBS | Boards or Committees | Bible Study |
| Teacher/Leader | Praise & Worship | Volunteer | Childcare |
- Other: _____

DESCRIBE IN 50 WORDS OR LESS HOW THOMASVILLE FUMC HAS INFLUENCED YOUR LIFE.

CIVIC AFFILIATIONS:

ARE YOU A MEMBER OF A CIVIC ORGANIZATION? YES OR NO

List Them Here: _____

LIST WHAT OTHER COMMUNITY VOLUNTEER OR MISSION WORK YOU DO OUTSIDE OF THOMASVILLE FUMC:

EDUCATION:

CIRCLE BELOW THE HIGHEST DEGREE CURRENTLY COMPLETED:

_____ High School Diploma or Equal

_____ High School and Some College

_____ Two Year College Degree – Explain: _____

_____ Four Year College Degree – Explain: _____

_____ Graduate Degree – Explain: _____

_____ Other – Explain: _____

WHAT DEGREE ARE YOU CURRENTLY SEEKING? _____

WHAT ARE YOUR PLANS WHEN YOU COMPLETE YOUR EDUCATION?

WHAT DO YOU NEED THE SCHOLARSHIP MONEY FOR?

Tuition

Housing

Meals

Books

Childcare

Commuting/Transportation

Other: _____

FINANCIAL INFORMATION:

ANNUAL HOUSEHOLD INCOME:

Yourself: _____
Spouse: _____ (if you have a spouse)
Parents: _____ (if you live with your parents)
Other: _____ (child support, alimony, investment income,
Governmental support, other grants, etc.)

PLEASE EXPLAIN BELOW ANY CIRCUMSTANCES OR EXTRA ORDINARY EXPENSES IN YOUR HOUSEHOLD THAT THE COMMITTEE SHOULD BE MADE AWARE (unusual medical expenses, other family members in college at the same time, etc.):

EMPLOYMENT HISTORY:

ARE YOU CURRENTLY EMPLOYED? YES OR NO

List name and address of current employer below:

How long at this job: _____

PERSONAL OR PROFESSIONAL REFERENCES:

PLEASE LIST THREE PERSONAL OR PROFESSIONAL REFERENCES BELOW:

References can be letters from school teachers, Sunday School teacher, friends, Employers, co-workers, etc. You may not include letters from any relatives, Committee members, or church staff members. List the references below and Attach their letters to this application.

- 1. Name: _____ Phone No. _____
Address: _____
Employer: _____
Relationship to the Applicant: _____

- 2. Name: _____ Phone No. _____
Address: _____
Employer: _____
Relationship to the Applicant: _____

- 3. Name: _____ Phone No. _____
Address: _____
Employer: _____
Relationship to the Applicant: _____

IN 250 WORKS OR LESS, DESCRIBE HOW BEING CHOSEN AS A SCHOLARSHIP RECIPIENT WILL BLESS YOUR LIFE AND INFLUENCE YOU TO BELONG THE CHURCH AND TO CHRIST:

SIGNATURE OF APPLICANT

DATE SUBMITTED