

Instructions:

For Office Use:

Please use *blue* or *black* ink
Please **do not use** back side of pages

Date Received
in Church Office: _____

SCHOLARSHIP APPLICATION

FIRST UNITED METHODIST CHURCH OF MARIETTA — 56 Whitlock Avenue NW — Marietta, Georgia 30064
770-429-7800

THIS PORTION OF THE APPLICATION SHOULD BE COMPLETED BY THE APPLICANT. PLEASE TYPE OR PRINT:

Date: _____

1. Applicant's name: _____ M/F _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email _____ Phone (Home): _____ (Cell): _____

DOB: _____ Social Security #: _____

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Parents' Number of Dependents: _____

2. Are you a member of Marietta First United Methodist Church? _____

Date joined or confirmed: _____

As an active member of Marietta FUMC, list your participation and significant achievements or contributions in terms of talents, gifts and service:

3. High School Attended: _____

Cumulative Average: _____ Year of Graduation: _____

SAT Scores: Math _____ Verbal _____

ACT Score (total) : _____

College you will be attending: _____

List all honors and significant achievements related to school: _____

ALL INFORMATION IS CONFIDENTIAL

Extracurricular Activities: List both participation, significant achievements and years of involvement (offices held, projects chaired, etc.):

4. Community Activities: List participation, significant achievements and years of involvement. Include only those items not covered in school and church sections above.

5. Future education and career plans:

College you will be attending: _____

Year (First/Freshman, Second, Graduate, etc.) _____

Intended course of study: _____

Name of Financial Aid Officer of college: _____

Address of Financial Aid Office: _____

Student ID _____

Career Goals:

Attach a certified transcript from all secondary schools, colleges or universities you have attended. Please note if transcript is being sent directly to the church, it is your responsibility to make sure it is received by the deadline. If the transcript is not received by the deadline, the application will not be considered.

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THIS PORTION SHOULD BE COMPLETED AND SIGNED BY PARENTS, GUARDIANS, OR CUSTODIANS, AND NOTARIZED. (If applicant is not a dependent, this portion should be completed and signed by the applicant and notarized.)

Applicant's Name: _____

Parents:

Father: _____

Mother: _____

If parents are divorced, indicate custodial parent _____

I. Financial Statement:

Father's Present Employer: _____

Mother's Present Employer: _____

Parents' Annual Combined Earnings (approximate): _____

Will Applicant Work During School Year? _____ **Holidays?** _____ **Summer?** _____

Other siblings or dependents in college: _____

II. Use this section to indicate the amounts in each category required to meet this obligation:

NEEDS ESTIMATE

RESOURCES ESTIMATE

Tuition & Fees _____

Applicant's Contribution _____

Books & Supplies _____

Parents' Contribution _____

Room Rent _____

Supplemental Public Assist _____

Board _____

Loans _____

Transportation _____

College Grants _____

Social Activity Allowance _____

Federal Grants _____

Other (list) _____

State Grants _____

College Scholarships _____

Other Scholarships _____

Other Sources of Funds _____

***Total Needs Estimate
for one year:*** _____

***Total Resource Estimate
for one year:*** _____

Amount desired from Church: _____

III. If applicable, briefly describe any family situation which supports the applicant's need for funds:

Signature of Parent / Guardian: _____

Notary Signature (with seal): _____

**Send completed form with attachments to:
First United Methodist Church of Marietta (Attn: Director of Operations)
56 Whitlock Avenue, Marietta, GA 30064 - OR - Bring to the Director of Operations during office hours**

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***THIS SECTION SHOULD BE COMPLETED
BY A REFERENCE OF YOUR CHOICE***

REFERENCE FOR:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

**FIRST UNITED METHODIST CHURCH OF MARIETTA
56 Whitlock Avenue, Marietta, GA 30064**

PERSON GIVING REFERENCE:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship/How you know applicant: _____

Please write a brief statement telling us about the applicant's character and personality. Explain why you feel the applicant should be considered as a candidate to receive this scholarship.

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