

Fountain Park UMC, Sheboygan, Wisconsin

**SCHOLARSHIP APPLICATION**

**Due Date: April 14, 2019**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

From what high school did you graduate? \_\_\_\_\_ City \_\_\_\_\_

What year did you graduate from high school? \_\_\_\_\_

What was your rank in your high school class? \_\_\_\_\_ out of \_\_\_\_\_ students.

List any academic awards or honors received either in high school or college. \_\_\_\_\_

What education have you had beyond high school? \_\_\_\_\_

What was your grade point average in your last year of college or high school? \_\_\_\_\_

What college or school do you plan to attend? \_\_\_\_\_

Do you plan to attend school:  full-time or  part-time?

In what field do you plan to major? \_\_\_\_\_

When do you plan to graduate? \_\_\_\_\_

List the jobs you have had and how long you held them. \_\_\_\_\_

Estimate your educational expenses for the coming year.

Tuition and fees \$ \_\_\_\_\_ (in excess of other scholarships, grants, tuition waivers or assistantships)

Living expenses \$ \_\_\_\_\_ Itemize \$ \_\_\_\_\_

Other expenses \$ \_\_\_\_\_ Itemize \$ \_\_\_\_\_

**Total Expenses** \$ \_\_\_\_\_

**ALL APPLICANTS:**

How often do you attend worship? (at Fountain Park) \_\_\_\_\_ (at school) \_\_\_\_\_

Are you planning to go into specific Christian work?  Yes  No

If yes, please explain. \_\_\_\_\_

List activities and areas of service within your church, community or school you have participated in. \_\_\_\_\_

If awarded a scholarship, which option do you prefer?

100% fall semester  50% fall/50% spring semesters

(Continued on back)

**TRADITIONAL/DEPENDENT YOUTH fill out this section** *(claimed by parents on current year's tax form)*

What amount of money do you expect to have earned by the time school starts? \$ \_\_\_\_\_

Father's name \_\_\_\_\_ Place of employment \_\_\_\_\_

Mother's name \_\_\_\_\_ Place of employment \_\_\_\_\_

How many brothers and sisters are living at home? \_\_\_\_\_

What percent of your expenses will be provided by parents, or other family members? \_\_\_\_\_ %

Are your parents active members at Fountain Park UMC?  Yes  No

If no, are they active members at another church?  Yes  No Please identify. \_\_\_\_\_

Please write a paragraph indicating any financial needs that may warrant additional support. This may include, but is not limited to, outstanding health care expenses, unemployment, dependents in college, low income, etc.

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Please write a paragraph on how you feel God is working in your life.

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Please write a paragraph on how the Christian Faith can be applied to your vocation.

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**Please note that to be eligible to receive a scholarship, you must be present at a Saturday 5:00pm or Sunday 9:00am worship service in May to accept it.**

Signature \_\_\_\_\_ Date \_\_\_\_\_