

Fountain Park UMC, Sheboygan, Wisconsin

SCHOLARSHIP APPLICATION

Due Date: April 18, 2021

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.

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

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

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 _____