Endowed Scholarship Application

	Date:			
Full Name:(Please Print)		_ SSN:		
Home Address:	City	State		Zip
				1
County: Phone:	Em	ail Address:		
Age: Race: Classif	rication:	FR □ SO □	∃JR □ SR	GPA:
Marital Status: □ Single □ Married □ Divor	ced 🗆 Wi	dowed	Sex: □ M	ale Female
Major:	N	Minor: (if ap	plicable)	
High School you graduated from:				
Scholarship Stipulatio	ons (Check	all that apply	y)	
☐ United Methodist		Residential Student		
☐ Ministerial: What capacity?		Non-traditional student/single parent		
☐ Dyslexic Student		Pre-Med major		
☐ Freshman Duo Co. Telephone member		None of these		
Make a general statement regarding your reque development, & what influenced you in selecting		~ .		-
			Use back if you	need more space
* Scholarship funds are limited; therefore completion of this ap	plication does	not guarantee ad	lditional financi	al assistance.
Official Use Only: Fin				

Stipulation: _

Scholarship Awarded: _____