SCHOLARSHIP APPLICATION

The Scholarship Fund of the First United Methodist Church of Ormond Beach was established in 1972 with memorial gifts in honor of long time member Sam Black. This fund has continued with the generous loving contributions of people who have donated to this fund for the purpose of providing financial assistance to students seeking higher education.

336 S. Halifax Drive
Ormond Beach, FL 32176
386-677-3581
www.firstunited.org

due by April 17th to the church office
(1 of 4)
SCHOLARSHIP REQUIREMENTS

1. This application MUST be completed in its entirety and be received by the church office by **April 17**. Failure to complete the application properly means your application will NOT be considered by the Scholarship Committee. Completed applications should be submitted online and are available at www.firstunited.org.

2. The applicant must:
   a. First United attendee who regularly participates in community service activities.
   b. Reapply each year for scholarship funds.
   c. Notify the Scholarship Committee of any changes of information on this application.

3. The recipient must maintain:
   a. A cumulative "C" average of 2.5 or better.
   b. Active involvement in a Christian community.
   c. Continued academic integrity.

4. The amount of the scholarship will be determined by the Scholarship Committee according to the availability of funding.

5. Scholarship funds may only be applied to:
   a. Registration, tuition, and fees.
   b. Room and board, and textbooks.

6. Scholarship funds will be paid directly to the College/University/Vocational School.
First United

SCHOLARSHIP APPLICATION

Date: ____________________

Personal Information
1. Full Name: ____________________
2. Full Permanent Address: ____________________

3. Phone Number(s): ____________________
4. E-Mail Address: ____________________
5. Occupational experience: (Please indicate full, part-time, summer, or after school, and date time-line)
   ____________________
   ____________________
   ____________________

6. Church involvement, including dates
   ____________________
   ____________________

7. Community involvement, including dates:
   ____________________
   ____________________

8. Goal Statement (Attached): What do you hope to accomplish this year?
9. Church Involvement Reference Letter (Reapplying applicants only): Attach original, signed letter from staff at the church where you are currently involved.
10. References (2) (First time applicants ONLY): Attach original, signed & dated reference letters from:
   a. Either the Senior Pastor or Director of Student Ministries,
   and
   b. Academic recommendation from teacher, professor, or academic counselor

Family Information
1. Father's/ Guardian's Full Name: ____________________
2. Mother's/ Guardian's Full Name: ____________________

(3)
3. Family Size and Description (including parents/guardians):


School Information
- □ High School-GPA: ________
- □ College-GPA: ________

1. Copy of most recent transcript
2. Institution Name (where you plan to attend):

3. Address of Institution:

4. College Major or Area of Interest:
5. Have you been accepted at this institution □ Yes □ No
6. Student ID number, if known

Be Sure to Include

✓ Completed Application
✓ Goal Statement
✓ Church involvement reference letter (Reapplying applicants only)
✓ References (2) (First Time Applicants Only)
✓ Transcript

I affirm that all the information on this application is true to the best of my knowledge and that any funds given to me by the Scholarship Committee will be used solely for educational expenses.

Date

Signature of Applicant

Print Name

Rev. May 2017