

Abilene First United Methodist Church
601 N. Cedar
Abilene, KS 67410
Telephone: 785-263-2623 Fax: 785-263-3427

SCHOLARSHIP APPLICATION FORM
for Prior Recipient

Application deadline: 12:00 noon, April 13, 2012

These awards are available to individuals pursuing post-high school education. First consideration may be given to individuals affiliated with the Abilene First United Methodist Church, with secondary consideration made to individuals affiliated with the United Methodist Church, and then to individuals active in Christian service through other denominations.

Applications will be prioritized:

1. high school seniors
2. undergraduate students
3. graduate students

Scholastic achievement, as determined by GPA, and financial need will be considered along with demonstrations of proper motivation, citizenship, and good moral character.

The student must be planning to attend or attending an accredited institution of post high school level.

Checklist for a Complete Application

_____ **Prior recipients must complete and submit the one (1) page application form which follows this page of instructions.**

First-time applicants should submit the three-page application form, provide a transcript, and obtain three references.

_____ **Copy of current transcript**

Return to: First United Methodist Church Office
Attention: Becki Stredney
601 N. Cedar
Abilene, KS 67410

****This application must be completed in full and submitted to the church office by 12:00 noon, April 13, 2012, to be eligible for consideration.****

Retain this page for your records.

Abilene First United Methodist Church

SCHOLARSHIP APPLICATION FORM for Prior Recipient

GENERAL INFORMATION

Date _____ Cumulative Grade Point Average _____

Name _____ Birthdate Mo/____Day/____Year/____

Current Address _____ Phone _____

Year of high school graduation and high school attended _____

Father's Name _____ Employment _____

Mother's Name _____ Employment _____

Are you married? Yes___ No___ If so, Spouse's name: _____

Number of Brothers _____Ages _____ Number of Sisters _____Ages _____

Number of siblings currently enrolled in post high school education _____

College or school you are attending _____

Course of study _____ Projected graduation date _____

As a prior recipient, how many awards have you received? _____

— AGREEMENT —

APPLICANT: PLEASE READ CAREFULLY AND SIGN

I understand that if I am selected for an award:

- I shall use the money for college expenses.
- If I should drop out of college at any time during the first semester, I agree to repay the full amount that I received to the Scholarship Fund .

Applicant's Signature