

First United Methodist Church of Colorado Springs
420 North Nevada Avenue
Colorado Springs, CO 80903
Telephone (719) 471 8522

ACADEMIC SCHOLARSHIP APPLICATION 2019

Scholarships:

Information and a complete listing of the requirements for each scholarship can be obtained from the scholarship brochure available in the Welcome Center information racks or on the FUMC website (www.fumc-cs.org).

Information about you

Name _____ Date of Birth _____

Address _____ City, State, Zip _____

Email _____ Phone/Cell _____

High School you have or will graduate from _____ Graduation Date _____

Class rank (if available) _____ GPA _____

Scholarship(s) for which you are applying _____

College, University, Seminary, Tech/Trade School you are/will attend _____

Address of institution _____

City, State, Zip _____

Have you been accepted?: _____ Yes _____ No Start Date _____

Have you been a full, active member of **The First United Methodist Church of Colorado Springs** for at least one year? _____ Yes
_____ No If not, how long have you been a member? _____

List all Church activities you are now in or have participated in and how long you have been involved in each of the activities; list any leadership roles you have assumed in each of these activities.

Please attach additional pages as needed
(continued on other side)

LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

If in High School, list all activities you are now in or have participated in and how long you have been involved in each of the activities; list any leadership roles you have assumed in each of these activities.

If in college - present classification _____ Will you be/are you a full-time student? ___Yes ___No

For what degree? _____ College GPA _____

Why do you believe you should be considered for this scholarship?

What are your future educational/career goals?

What kinds of jobs/volunteer work have you done?

What are your interest, hobbies, activities?

Are you willing to share your story with other applicants after you attain your education? ___Yes ___No

To the best of my knowledge the information provided in this application is true and correct. If chosen as a recipient, I promise to use the funds as issued and provide verification as required. I will make myself available for a personal interview as part of this application process if required.

Signature _____ Date _____

Submit your application by February 28 to:
FUMC of Colorado Springs, Attn: Scholarship Committee,
420 N. Nevada Ave, Colorado Springs, CO 80903