

**First United Methodist Church of West Allis
Scholarship Application**

Please fill out this application. It is also available on our website – www.fumcwa.org

Applicant's Name: _____

Home Address: _____ Phone: _____

_____ Email: _____

College Name: _____ School ID Number (if known): _____

College Address: _____ Phone: _____

High School Name: _____

High School Address: _____

Year of Confirmation or church membership: _____

High School and/or College transcript(s) MUST accompany application.

Please limit your answer to 250 words per question.

1. Why are you applying for scholarship assistance? Describe financial need and/or reason why the committee should consider your application.

