First United Methodist Church of West Allis Scholarship Application

Please fill out this application. It is also available on our website – <u>www.fumcwa.org</u>	
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 me	embership:
High School and/or College transc	cript(s) MUST accompany application.
Please limit your answer to 250 wo	ords per question.

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

2. What has been your involvement at First United Methodist Church or the greater church in the past 6 years?

3. Describe your extra curricular activities in high school, college, or community.

4. Describe your employment background.

5. How do you plan to use your college degree?

If this is your <u>first</u> application, please attach a recommendation from one church member and one from a person who taught you in high school or college.

I certify that all statements made on this application are true. I understand that any false statements, incomplete statements, or misrepresentation may subject me to disqualification.

Applicant's Signature: _____

Date:

S:Scholarship and Endowment/Scholarship Application New Form