

First United Methodist Church
P.O. Box 539 Stuart, FL 34995 772-287-6262

POST SCHOLARSHIP APPLICATION FORM
(Please Print)

Scholarship Criteria:

1. Applicant must be a member of FUMC, Stuart. Date joined: _____
2. Active in the church and church activities.
3. Need financial assistance.
4. Undergraduate school only.
5. Must re-apply each year for this scholarship.

Name of Applicant _____ Email _____

Address _____
(Street) (City) (State) (Zip)

Home Phone # _____ Cell Phone # _____

DOB _____ Place of Birth _____ Age _____ Sex _____

Name of High School _____ Graduation Date _____ Class Rank _____

COLLEGE INFORMATION

Name of college/university attending (or planning to attend):

School _____ City _____ State _____

Have you attended college (including dual enrollment)? If so, give name of college, dates and credits earned. _____

Other scholarships you have applied for or received (attach additional page, if needed):

_____ Applied: _____ Received: _____
_____ Applied: _____ Received: _____

Are you eligible for Bright Futures? At which level? _____

Do you have a Florida Prepaid college plan? At which level? _____

Estimated total annual (college year) expenses at college
Tuition and Fees: \$ _____ Room and Board: \$ _____ Other: \$ _____

From what financial resources do you expect to meet the above expenses?

From parents? \$ _____

From own savings? \$ _____

From other sources? \$ _____

WORK EXPERIENCE

Employer/Position _____

Date From _____ To _____ Hours per week _____ Weekly earnings _____

Employer/Position _____

Date From _____ To _____ Hours per week _____ Weekly earnings _____

Do you plan to work while in college? _____

STATEMENT OF APPLICANT

Please attach a statement regarding you as a person, prospective college student and member of our church family. Your statement should cover the following points:

- (a) Choice of college, areas of study and career plans
- (b) High school scholastic and extracurricular activities and achievements
- (c) Church/Christian activities – including how the youth group/ FUMC, Stuart has been part of your Christian walk.
- (d) Financial plan for meeting college expenses, including support from parents/relatives
- (e) Special family circumstances that should be considered.

SCHOLASTIC TRANSCRIPT

Please attach a transcript of high school grades and, if currently attending college, your entire scholastic record.

STATEMENT BY PARENTS

Name of Father _____ Name of Mother _____

Marital Status of Parents _____

Occupation of Father _____ of Mother _____

Name of Employer or Firm: _____

Father _____ Mother _____

Nature of business and position held:

Father _____ Mother _____

Total taxable income reported on your last tax return.

If filed jointly, your combined income: \$ _____

If filed separately: Father \$ _____ Mother \$ _____

Is home owned? _____ Value: \$ _____ Unpaid mortgage: \$ _____

Bank Accounts (Savings and Checking):

Father \$ _____ Mother \$ _____

Other investments, holding or assets: Value \$ _____

***Please attach a copy of the parent's tax returns for the last two years**

List children (other than applicant) dependent on you for support, including name, age and school attending:

Please make a general statement about your child's plans for college and your intentions for meeting the college expenses.

Signature of Father _____ Date _____

Signature of Mother _____ Date _____

Signature of Applicant _____ Date _____

Please note: To be considered for this scholarship, financial information must be filled out accurately and completely.

Two qualified applicants will be chosen each year. The award for this scholarship will be \$1500 per semester for each applicant, for a total of \$3000 per academic year.

The deadline is July 15, 2011

Mail completed application to: FUMC, P.O. Box 539, Stuart, FL 34995

Attention it to: Post Scholarship Committee