

APPLICATION
United Methodist Scholarship
General Board of Higher Education and Ministry
The United Methodist Church

**RETURN THIS FORM TO THE UNITED METHODIST
SCHOLARSHIP REPRESENTATIVE OF THE COLLEGE LISTED
BELOW:**

Scholarship at DePauw University, 313 S. Locust, Greencastle, IN 46135

Social Security Number _____ Age _____

Name in full _____ Male ___ Female ___

Home Address _____

Telephone _____ E-mail _____

Mailing address at school _____

Cumulative Grade Point Average _____

Classification: Freshman ___ Sophomore ___ Junior ___ Senior ___

Ethnic Group: African American ___ Asian ___ Caucasian ___
Hispanic ___ Native American ___ Pacific Islander ___
Biracial ___ Other ___

Are you a U.S. citizen or permanent resident? _____

For what career are you preparing? _____

How long have you been a full member of the United Methodist

Church? _____ Give full name and address of the United

Methodist church where you are currently an active member _____

Pastor's Name _____

Telephone _____

Describe your participation in projects and activities of church and/or community _____

Make a statement regarding your need for financial assistance for the coming academic year _____

Make a general statement regarding your request, including your philosophy of life, religious development, and what influenced you in selecting your career goal. Give any additional information that might be helpful.

Signed

Date
