

PORTAGE FIRST UNITED METHODIST CHURCH
HIGHER EDUCATION SCHOLARSHIP APPLICATION FORM

Name of applicant: _____ Date of application _____

Preferred address: _____

Phone: _____ E-mail: _____

College you plan or are attending: _____

Major and Degree you plan or are pursuing:

Next school year will you attend (check one): _____ full-time _____ part-time (hours)

Attach a copy of your letter of acceptance (**candidates are required to show proof of acceptance prior to dispersal of check to that institution**).

ACTIVITIES

Are you a member of Portage First United Methodist Church: _____ if yes how long _____

List the Portage First United Methodist Church activities in which you participated while attending here:

COSTS:

Anticipated cost of this academic year: Tuition: _____ Room and Board: _____

Books: _____ Other (explain): _____

OTHER:

List any special circumstances, disabilities or situations that the Committee should be aware of in considering this application (attach additional pages if necessary):

REFERENCES:

Please list three references we may contact:

VERIFICATION:

To be considered, I understand that I must have a grade point average of a C or better (or equivalent) in my most recent semester of education. I verify that the information presented in this application is accurate.

Signature: _____