

Application for Grace Nelson First United Methodist Church Scholarship

Name: _____

Address: _____

Telephone Number: _____ Email Address: _____

Are you a member of Benton First United Methodist Church? YES NO

Cumulative Grade Point Average (GPA) _____

Current High School _____

The name of the college or university you plan to attend: _____

Student ID (If have) _____

List of extracurricular activities:

Parent(s) or Legal Guardian(s): _____

Address (if different than above) _____

Phone Number: _____ Email Address: _____

Approximate family income: _____

Reason for applying for scholarship:

Other scholarships received:

I have reviewed all the above stated information and do affirm that the information is true and correct to the best of my knowledge.

If awarded a scholarship, I understand that it is my responsibility to provide the church the information for my scholarship to be paid directly to the college.

Signed: _____ DATE _____