

Scholarship Application

Carrollton United Methodist Church

Name:

(First Name)

(Middle Name)

(Last Name)

Address (Street; Apt #):

City:

State:

Zip:

Home Phone:

Cell Phone:

Official Church Membership:

(Are you or your parents official members of Carrollton U.M.C.? If so who?)

Name of High School:

Date of High School Graduation:

Cumulative Grade Point Average (GPA):

High School Activities:

Community Service:

College\University you plan to attend:

Have you already been accepted? (Yes\No):

Major:

Minor:

Vocational Goals:

(Continued)

Are you currently working?

If so, where?

How long have you worked there?

Job Description:

Job Contact Person:

Contact's Work Phone:

NOTES:

1. Please provide an official high school transcript by April 12, 2022.
2. Also by April 12, please provide one letter of reference from a teacher at your high school who can give evidence of your character and extra-curricular activities.
3. Please provide your reference teacher an envelope addressed to the Scholarship Committee so that he\she may mail your reference letter directly to the church. Must be received by the church by April 12, 2022.

Please print and return this form by **April 12, 2022** to:

Scholarship Committee
Carrollton United Methodist Church
212 N Folger St
Carrollton, MO 64633