

# 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: \_\_\_\_\_  
(Full Name) (Contact's 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 return this form by **April 12, 2022** to:

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