

For office use only.  
Date submitted:  
\_\_\_\_\_

**First United Methodist Church of Blue Springs**

301 SW Woods Chapel Road  
Blue Springs, MO 64015  
(816) 229-8108  
FAX: (816) 229-6705

**Scholarship Application**

**INSTRUCTIONS: Please complete the application to the best of your ability and include two letters of recommendation.**

Check the Scholarship(s) for which you are applying. Application deadline is **April 1**.

- FUMC Scholarship(s)                       Independents                       United Methodist Men/Paul Rand

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_

Address \_\_\_\_\_ Phone: (home) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ (cell) \_\_\_\_\_

High School or College presently attending \_\_\_\_\_ Age \_\_\_\_\_

High School graduation date or current year in college \_\_\_\_\_

Parent(s) / Guardian(s)

Employer

\_\_\_\_\_  
\_\_\_\_\_

Are you a member of FUMC of Blue Springs? \_\_\_\_\_ or the Independents? \_\_\_\_\_

Is/are your parent(s)/guardian(s) a member(s) of FUMC? \_\_\_\_\_ or the Independents? \_\_\_\_\_

Names/ages of brothers and sisters—Indicate school placement

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

College or educational institution you are planning to attend \_\_\_\_\_

Is this college United Methodist affiliated? \_\_\_\_\_

Field of Study \_\_\_\_\_

Are you receiving financial aid/scholarships? \_\_\_\_\_

If so, please list \_\_\_\_\_

Work experience: list all, beginning with most recent. Include dates.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On a separate sheet, please type your personal and educational goals, major accomplishments, personal involvement at FUMC, community service, and any special obstacles you have had to overcome. Also indicate personal or family considerations that you would like to make known. Please limit this to two typewritten pages.

Names of two people writing letters of recommendation.

\_\_\_\_\_  
\_\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_\_

----- **-High School Students Only-** -----

7th Semester GPA \_\_\_\_\_ 7th Semester Class Rank \_\_\_\_\_ in a Senior Class of \_\_\_\_\_

ACT \_\_\_\_\_ SAT \_\_\_\_\_

\_\_\_\_\_  
High School Counselor Signature Date \_\_\_\_\_

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**COLLEGE STUDENT provide college transcript.**

**GPA** \_\_\_\_\_ **Hours completed** \_\_\_\_\_ **Hours enrolled next semester** \_\_\_\_\_