

SCHOLARSHIP APPLICATION

Requirements: Professing member of First United Methodist Church of DeKalb and a graduating high school senior with plans to further education in the fall.

Name: Last:	First:	Middle Initial:
Address: Street:	, C:	ity:
Contact: E-mail	Pi	hone #
Date of Confirmation or date joined Del	Kalb: First UMC:	
Mother's Occupation:	Father's Occupat	ion:
I live with:		
Number of children in your home:	Number of famil	ly members in college:
G.P.A: Rank in Class: What post-secondary school do you plan	longer ranks students, please	at class ranks. If your school no disregard this blank.
How do you plan to finance your future	education?	
List school, community, and church-rela	ated activities:	
List awards and/or honors received:		
List employment (include employer nan	ne, position, and length of	time):

Return completed application to the church office by May 1. LOVING. CONNECTING. SERVING DekalbFirst United Methodist	•
Signature	Date
In paragraph form, indicate why you should receive this scholars	hip:

317 N Fourth Street • DeKalb, IL 60115 Phone (815) 756-6301 Email: office@firstumc.net Web Page: www.firstumc.net