

SCHOLARSHIP APPLICATION

Use this application only if you are a Central PA Conference student attending a **United Methodist** college/university

Board of Higher Education and Campus Ministry
Central PA Conference
The United Methodist Church

NOTE: **All requested material** *must* be received by the Board of Higher Education and Campus Ministry no later than April 30 to be considered for an award. **Return to: Rev. Eric Funk, 126 E. Market St, Hallam PA 17406**
Email ericfunk@cpcpastors.org if you have any questions.

(please type or print clearly)

Social Security Number _____ Undergraduate _____ Graduate _____

Name in full _____ Male _____ Female _____

Permanent address _____
street/box # _____ city _____ state _____ zip + 4 _____

Mailing address while in school _____
street/box # _____ city _____ state _____ zip + 4 _____

Age _____ Married _____ Single _____ Telephone (____) _____

Number and age(s) of dependent(s) _____

Are you a citizen or permanent resident of the USA? _____
If permanent resident, list Alien Registration Receipt Card Number above

School you will attend during scholarship year _____
school mailing address _____

Academic classification (scholarship year) Freshman Sophomore Junior Senior

Graduate _____ First _____ Second _____ Third _____ Other _____

Will you be enrolled full-time? _____ If not, number of hours registered _____
How many hours are required for full-time? _____

When will you graduate? _____ Degree _____ Final education goal _____

For what career are you preparing? _____

I will qualify for a special ethnic scholarship. I am: Asian Black Hispanic Native American Pacific Islander

Are you a member of The United Methodist Church? Yes No

If yes, name of church you joined _____

City _____ State _____ How long have you been a member of the UMC? _____

Full name and mailing address of the United Methodist church where you are currently an active member:

name _____ street/box # _____ city _____ state _____ zip + 4 _____

Pastor's name _____ Telephone (____) _____

Institutions of Higher Education Attended – list present school first:

Institution	Dates attended from-to	Degree Earned	Major	Grade Point Average
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you had previous scholarship(s) from the Commission on Higher Education and Campus Ministry in Central PA?

What academic year(s)? _____

List any academic honors, awards, etc., you have received _____

What factors, if any, should be taken into consideration in evaluating your academic record? _____

Describe your participation in projects and activities of church and/or community including any church activities at the Annual Conference, Jurisdictional, and/or National level.

State briefly any paid employment you have had or now have:

Title of position	Employed by	Type of work	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Will you be working during the college year? Yes No

Father's name _____ Occupation _____

Mother's name _____ Occupation _____

If under 24 give parents' gross annual income _____

If married give:
Spouse's name _____ Spouse's occupation _____ Spouse's gross annual income _____

Number and ages of persons dependent on the income listed above _____

Financial Statement

This statement must be completed before your scholarship request can be reviewed.

Financial Aid is requested for academic year 20 ____ - ____

Income Available to meet expenses for the academic year:

Personal funds (cash, savings, etc) \$ _____

Total summer earnings \$ _____; amount available for school _____

Expected earnings for academic year* _____

Parental support _____

Spouse's income* _____

Assistantships _____

Scholarships (itemize) _____

Grants (itemize) _____

Loans (itemize) _____

Other Income (itemize) _____

Total Income \$ _____

*After all taxes have been deducted.

Estimated Expenses for the academic year:

Tuition and fee \$ _____

Books _____

Housing _____

Food _____

Clothing and laundry _____

Medical care _____

Transportation (itemize) _____

Other expenses (itemize) _____

Total Expenses \$ _____

Please note: On a separate sheet describe any unusually high expenses. (Additional itemized expenses may also be listed.) Special circumstances that may affect your financial situation should be explained.

If you are a self-supporting student, list number of dependents (explain) _____

Have you applied for other financial aid for the academic year not listed above?

If yes, name sources _____ Have you received notification of approval/disapproval? _____ **If approved**, list amount you will receive (or have received) from each source? _____

Have you listed these amounts in the appropriate income section above? _____

List educational loans unpaid for prior years.	Source:	Amount:
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____

I certify that to the best of my knowledge, the information contained in this statement is correct and complete. I understand it is my responsibility to ensure all supporting documentation (official transcripts, references, etc.) is received by the Board of Higher Education and Campus Ministry no later than the appropriate deadline date.

(Signature of student in full)

(Date)

(Name of school where you plan to enroll)

Make a statement of your philosophy of life, purpose, religious development, and vocational goals, including what has influenced you in your career choice. (Use separate sheet of paper if you desire.)

Transcript

Request that your college or high school mail your official transcript of latest academic work (in time to arrive by the April 30 deadline) to Board of Higher Education and Campus Ministry, c/o Rev. Eric Funk, 126 E. Market St, Hallam PA 17406.

References

The following persons should be requested to submit letters of recommendation to the Board of Higher Education and Campus Ministry, c/o Rev. Eric Funk, 126 E. Market St, Hallam PA 17406 no later than the specified deadline date: April 30.

1. The pastor of the United Methodist church where you are currently an active member. If you are a student pastor or certified candidate for ministry, your district superintendent or supervising pastor must send reference.

_____	_____
Name	Occupation/Relationship

2. An active lay person in your church.

_____	_____
Name	Occupation/Relationship

3. A high school teacher or college professor who has taught you in this academic year. If you have not been in school in the past two years, you may request this reference from a recent employer.

_____	_____
Name	Occupation/Relationship

To assure proper consideration of your application, answer every question on this form, submit your letters of recommendation and official transcript of your latest academic work (high school or college) to the Board no later than the specified deadline.