

**Forest City United Methodist Education Fund
305 South Clark Street
Forest City, Iowa 50436**

Scholarship Application Form 2018

The Pettersen Family has given Forest City United Methodist Church a generous gift designated for post-secondary scholarships. A college student may receive the scholarship 4 times maximum; a medical school or seminary student 8 times.

Directions for Completion

1. Completed applications must be received no later than **April 15, 2018**.
2. Submit completed applications to Forest City United Methodist Church
ATTN Claudia Tillman, 305 Clark Street, Forest City, IA 50436
3. **USE EXTRA PAPER WHERE NEEDED AND BE AS DETAILED AS POSSIBLE.**

Criteria for Application

All applicants need to be active participating members of Forest City United Methodist Church. Listed below are ways of involvement to be considered a participating member:

- Attend Worship regularly
- Attend Sunday School regularly
- Involvement in a small group such as Bible Study, UMW Circle, Men's Bible Study, Youth Meetings & Events
- Volunteer your time and talents serving as Sunday School Teacher, Faith Village Children's Ministry Helper, VBS Helper, Hospitality Team Member, Parking Valet, Nursery Worker, Sound System Operator, Chancel Choir, Bell Choir, and/or Contemporary Worship Team Member or with other *approved* volunteer opportunities at FCUMC.

I. PERSONAL DATA

A. Name: _____ Phone Number: _____

B. Address and Mailing Address (if different):

C. Date of Birth: ____/____/____ Sex: Male ____ Female ____

D. Church Membership: Check where applicable

FCUMC – Confirmed Member ____

FCUMC – Affiliate Member ____

FCUMC – Associated Member ____

E. In what ways do you participate in your church and in the community?

EDUCATIONAL DATA

A. List name of schools, address, dates attended, graduation, and degree (if applicable)

High School: _____

College or Graduate School: _____

Special Training: _____

B. List academic honors, scholarships, and honorary organizations. Indicate if in high school, college, grad school or special training:

II. POST SECONDARY EDUCATION DATA

A. Name and location of institution you wish to attend and reasons why:

B. Have you applied for admissions? Yes ___ No ___

C. Have you been accepted? Yes ___ No ___

III. REFERENCES

List name, address and phone number of two references not related to you.
Please include a Letter of Reference from each one.

1. _____

2. _____

IV. GOALS AND OBJECTIVES (not financial):

1. Please describe your educational plans and future goals: _____

