

# SCHOLARSHIP APPLICATION FORM

## First-Time Applicant

Abilene First United Methodist Church  
601 N. Cedar · Abilene, KS 67410 · 785-263-2623 · abilenefirstumc.org

### GENERAL INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Class Rank: \_\_\_\_\_  
High School Cumulative Grade Point Average \_\_\_\_\_ ACT Composite: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_  
Year of High School Graduation: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Spouse's Name (if married): \_\_\_\_\_  
Name of High School: \_\_\_\_\_  
Father's Name: \_\_\_\_\_  
Father's Employer: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_  
Mother's Employer: \_\_\_\_\_  
Number of Siblings and their ages: \_\_\_\_\_  
Institution you plan to attend: \_\_\_\_\_  
Course of study: \_\_\_\_\_  
Projected Graduation Date: \_\_\_\_\_

### PLEASE READ CAREFULLY AND SIGN

I agree that if I am selected for an award I shall use the money for educational expenses.  
I further agree that if I drop out of college at any time during the first semester, I will  
return to the Scholarship Fund the full amount I have received.

Signed: \_\_\_\_\_

### EMPLOYMENT INFORMATION

What employment have you had during the last two years: \_\_\_\_\_  
\_\_\_\_\_

Do you plan to work part-time while attending school (circle one) Yes      No

### REFERENCES

Please list three references who, if called upon, can testify as to your eligibility for an award (based on need, scholastic ability and character). Church members, high school teachers, principals, counselors, and employers are useful references. **Do not use relatives.**

| Name  | Phone          |
|-------|----------------|
| _____ | ____-____-____ |
| _____ | ____-____-____ |
| _____ | ____-____-____ |

### OTHER INFORMATION

Your Church Affiliation: \_\_\_\_\_

Your Church Activities: \_\_\_\_\_  
\_\_\_\_\_

Honors and awards received:

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

School activities and community service:

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

# SCHOLARSHIP APPLICATION

## Prior Recipient

Abilene First United Methodist Church  
601 N. Cedar·Abilene, KS 67410 · 785-263-2623 ·  
abilenefirstumc.org

**This application must be completed in full and submitted to the church office by 12 Noon or the AHS Counselors' office by 5 p.m., Monday, April 14, 2025, to be eligible for consideration.**

**Mail application to:           First United Methodist Church  
  Attention: Scholarship Committee  
  601 N. Cedar Street  
  Abilene, KS 67410**

These awards are available to individuals pursuing post-high school education. First consideration may be given to individuals affiliated with the Abilene First United Methodist Church, with secondary consideration made to individuals affiliated with the United Methodist Church, and then to individuals active in Christian service through other denominations.

Applications will be prioritized:

1.     Members and Active Participants of Abilene First United Methodist Church
2.     High School Seniors
3.     Undergraduate Students
4.     Graduate Students

Scholastic ability and achievement, as determined by GPA, and financial need, will be considered along with demonstrations of proper motivation, citizenship and good moral character.

The student must be planning to attend, or be currently attending, an accredited institution of post high school level.

## Application Checklist

- \_\_\_\_\_ Prior recipients\* must complete and submit the one (1) page application form which follows this page of instructions. (First time applicants should submit an alternative two-page application and current transcript.)
- \_\_\_\_\_ Copy of current transcript

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**GENERAL INFORMATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_  
Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
College Cumulative Grade Point Average: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_  
High School attended and year of graduation: \_\_\_\_\_  
Spouse's Name (if married): \_\_\_\_\_  
Father's Name: \_\_\_\_\_  
Father's Employer: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_  
Mother's Employer: \_\_\_\_\_  
Number of Siblings and their ages: \_\_\_\_\_  
Institution you attend: \_\_\_\_\_  
Course of study: \_\_\_\_\_ Projected Graduation Date: \_\_\_\_\_  
Number of First UMC scholarships previously received: \_\_\_\_\_

**PLEASE READ CAREFULLY AND SIGN**

I agree that if I am selected for an award I shall use the money for educational expenses. I further agree that if I drop out of college at any time during the first semester, I will return to the Scholarship Fund the full amount I have received.

Signed: \_\_\_\_\_

Your Name (Please Print): \_\_\_\_\_