

First United Methodist Church  
Scholarship Request Form

Today's Date: \_\_\_\_\_

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Participant Name	Event	Amount Requested

Is (are) the applicant(s) active in church? How often do they attend Sunday School, youth activities, small group, & Bible Study?

What particular circumstances necessitate this financial assistance?  
(use back if needed)

Participant: How will this event help you in your relationship with Christ? (use back if needed)

*All scholarship inquiries are confidential and are given regardless of race, sex, handicap, etc.*

\_\_\_\_\_  
Applicant's Signature