

Application for Solon United Methodist Church Permanent Endowment Scholarship

Instructions: Please print in blue or black ink or type. Please provide three letters of recommendation: one from a service organization representative, one from a teacher or leader of your school, and one from a member of your church. Please submit the completed form as well as the three letters of recommendation to the Church Office. Solon United Methodist Church, Attention Permanent Endowment Scholarship, 122 N West Street, Solon, IA 52333.

APPLICANT NAME

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #(s): _____ Email: _____

Are you a Member of Solon United

Methodist Church: ___ Yes ___ NO

EDUCATION

Name of High School: _____ High School GPA: _____ Graduation Date: _____

Name of College: _____ Date of College Enrollment: _____

Address of College: _____

Number of Children in Family: _____ Number of Family Members Attending College: _____

ACTIVITIES

Community Service Activities:

Activities in the Life of the Church:

School Activities:

Student Signature

Date

Office Use:

Received on: _____

Approved by: _____ Not Approved: ___