

Boone United Methodist Women's Education Fund
Scholarship Application Form 2012

This scholarship will be awarded to deserving applicants to help with their educational and financial needs at post high school levels. **There are NO restrictions based on the age, race, religion, or gender of the applicants**, and funds can be used for any accredited college or technical institution. The criteria for this scholarship include: must be a member of BUMC and/or resident of Watauga County, and must demonstrate financial need. The scholarship amount ranges from \$500 to \$1000.00 based on need.

Please write or print legibly all answers to all questions on the application. If additional space is required, attach additional sheets of paper. Remember that it is very helpful to the committee members to have as much information as possible about each applicant, and two letters of recommendation are **required** as part of the application.

The deadline for applications is March 29th, 2012

and must be submitted to BUMC church office, 471 New Market Blvd, Boone, NC 28607 ATTN: Jennifer Greer.

If further information is needed, you may contact either Mrs. Sandra Perry (perrml@earthlink.net) or Mrs. Wanda Henries (rhenries@bellsouth.net), co-chairmen of the Scholarship Committee.

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I. PERSONAL DATA

A. Name _____ Phone Number _____
Email address _____

B. Address and Mailing Address if different:

C. Date of Birth _____ Sex: Male _____ Female _____

D. List all members of family and ages

_____.

E. Resident of Watauga County: Yes _____ No _____ How Long? _____

F. BUMC Member _____ or BUMC AFFILIATE or ASSOCIATE member _____

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

II. 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:

III. FINANCIAL DATA

A. Name of person (s) who provides your primary means of support _____

B. Job description and/or Occupation of person who provides primary means of support _____

C. List employer's name, address, and phone number for ANYONE working in home _____

D. List jobs (if applicable) and approximate income of applicant _____

E. List any siblings (or children) who also attend college at this time and name of institution they are attending: _____

IV. EDUCATIONAL PLANS:

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 _____

D. List any requested scholarships and loans and give status of these requests:

E. Describe **in detail** why you need financial assistance:

V. REFERENCES

List name, address and phone number of two references not related to you.

Please include a Letter of Reference from each one. (These letters are required before application can be considered)

1. _____
2. _____

