

UNITED METHODIST SCHOLARSHIP

General Board of Higher Education and Ministry
The United Methodist Church

Certification of Church Membership

(Student: Complete first two lines and then give/mail to your pastor.)

This is to advise that _____ has applied for a
Name of student

United Methodist Scholarship at _____
Name of college street/box # city state zip code + 4

Confidential Information To Be Supplied By Pastor

**RETURN THIS FORM TO THE UNITED METHODIST SCHOLARSHIP
REPRESENTATIVE OF THE COLLEGE LISTED ABOVE. DO NOT SEND TO STUDENT.**

This is to certify _____ has been a member of the
Name of student
United Methodist Church for at least one year and is presently a member of _____
church

Signed _____ Date _____
Signature of pastor

Name and mailing address of church _____

Church Telephone # _____ E-mail address _____

Annual Conference _____

Does this student need financial assistance?	Yes	No	?
Are the parents able to assume full financial responsibility for the education of this person?	Yes	No	?
Has the applicant been active in the program of your church?	Yes	No	?
Does this individual have leadership ability?	Yes	No	?
Is the applicant interested in being of professional service to the church?	Yes	No	?
Do you know of any reason why this person should not be awarded a United Methodist Scholarship? (If yes, explain)	Yes	No	?
Did (or will) your church observe United Methodist Student Day this year?	Yes	No	?

If this is a student you would really like the church to help, please give additional information that would guide the awards committee in determining the financial need of the applicant and whether the student is one who will help undergird The United Methodist Church now and in the future.