



**FAITH UNITED METHODIST CHURCH  
SCHOLARSHIP APPLICATION (Cont.)**

11. ACADEMIC BACKGROUND (**Renewal Applicants Only**)

Institution Attended \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Credit Hours Earned \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

*Copy of semester's final grades to be included*

*Include a class schedule with the corresponding credits.*

111. **EDUCATIONAL PLANS**

Name of Institution you plan to attend \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Will you attend    o full-time o part-time (less than 12 hours)    Semester/Term \_\_\_\_\_

Degree sought \_\_\_\_\_ Major field of study \_\_\_\_\_

IV **CHURCH, SCHOOL AND COMMUNITY ACTIVITIES**

Are you a member of Faith United Methodist Church?                     Yes     No

Are you a Dependent Child of a F. U. M. Church Member?                     Yes     No

Have you actively attended F. U. M. C. for at least one year?  
If Yes, What year?                     Yes     No

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List any church, school or community activities in which you have participated in during your past active year:

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**RELEASE**

I certify that the above information is true and correct to the best of my knowledge, and I authorize the release of this application and any relevant supporting information to persons involved in the selection of scholarship recipients.

**Applicant's Signature** \_\_\_\_\_  
**Date** \_\_\_\_\_

Please mail your application along with a **transcript of your grades, class schedule with the corresponding credits** and letters of recommendation to:

**Scholarship Committee  
Faith United Methodist Church  
15690 McGregor Blvd.  
Fort Myers, Florida 33908**