

**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**

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? Yes No
If Yes, What year? _____

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

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** and letters of recommendation to:

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