

Celeste Slaughter United Methodist Women Scholarship Application

Please Print or Type

EVERY SECTION OF THIS APPLICATION MUST BE COMPLETED IN ORDER FOR IT TO BE CONSIDERED.

Name of Applicant: _____

Seminary Jr. College College/University Trade/Technical School

Phone (Home): _____

Address: _____ City _____ State _____ Zip _____

Email Address: _____

Age: _____

Have You Received Wilshire United Methodist Women's Funds Before? ___

If Yes, When? Dates: _____

Name of School You Attend/Plan to Attend: _____

Funds to Be Used For: _____

Date of Enrollment: _____

FIRST YEAR STUDENTS MUST SUBMIT COPY OF OFFICIAL LETTER OF ACCEPTANCE

FROM THE SCHOOL REFLECTING APPLICANT'S NAME AND ADDRESS.

FOR SECOND YEAR OR ABOVE, YOU MUST ATTACH A COPY OF OFFICIAL TRANSCRIPTS FOR 2023-2024.

SCHOOL YEAR.

Date of Anticipated Graduation: _____

Year in School (Check One): Freshman Sophomore
Junior Senior Post Grad

Program of Study: _____ Degree Sought: _____

Write a Brief Description of Your Personal and Career Goals: _____

List Your Areas of Active Participation at Wilshire United Methodist Church Multicultural English Ministry: _____

Further Remarks (Attach Separate Sheet if Needed):

Applicant's Signature _____ Date: _____