First United Methodist Church
of Winter Garden

125 North Lakeview Avenue,
Winter Garden, Florida 34787
Phone: 407-656-1135 Fax: 407-656-5690
www.fumcwg.org e-mail: dannyp@teensntouch.org

Scholarship Application

NAME: _____
Last *First* *Middle*

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

NAME OF HIGH SCHOOL: _____

CUMULATIVE G.P.A.: _____ PROOF OF CUMULATIVE G.P.A: _____
Counselor's Signature

COLLEGES OR UNIVERSITIES APPLIED TO	ACCEPTED/ DATE
_____	_____
_____	_____
_____	_____
_____	_____

DEGREE YOU ARE SEEKING: _____

EXTRA-CURRICULAR SCHOOL ACTIVITIES YOU HAVE PARTICIPATED IN:

_____

_____

_____

OTHER ACTIVITIES (CHURCH, COMMUNITY, VOLUNTEER) YOU HAVE PARTICIPATED IN:

_____

_____

HOW MANY TIMES HAVE YOU RECEIVED A FULL CHURCH SCHOLARSHIP? _____

ON THE BACK OF THIS FORM OR ON ANOTHER SHEET OF PAPER, WRITE ONE PARAGRAPH ABOUT EACH OF THE FOLLOWING TOPICS. DO NOT WRITE MORE THAN ONE PAGE.

1. YOUR PARTICIPATION IN THE LIFE OF FIRST UNITED METHODIST CHURCH OF WINTER GARDEN
2. YOUR FUTURE PLANS

_____ _____
Applicant's Signature *Date*

_____
Date Received