

**BELIN MEMORIAL UNITED METHODIST CHURCH
PERFORMING ARTS
SCHOLARSHIP APPLICATION**

NAME _____ DATE _____

ADDRESS _____ TELEPHONE _____

SOCIAL SECURITY NUMBER _____ BIRTH DATE _____

NAME OF PERSONS LIVING IN HOUSEHOLD _____ RELATIONSHIP TO APPLICANT _____

Are you a member of Belin Memorial UMC? _____ Yes _____ No

School where accepted _____

School presently enrolled _____ Fr. Soph. Jr. Sr. (Circle class standing)

Reason or need for applying (Use separate sheet if necessary):

State total cost of program for which scholarship is intended to be used : \$ _____

It is understood that upon award of the scholarship the recipient agrees to use his or her talent within a church service setting upon completion of studies.

Applicant's signature: _____

() You have been approved for a total grant of \$ _____

You will be advised as to when and how the scholarship will be presented. You are advised to stop by the church office as soon as possible to sign a scholarship acceptance form.

Signed _____
Chairperson, Music & Performing Arts Scholarship Committee