BELIN MEMORIAL UNITED METHODIST CHURCH
WORSHIP ARTS MINISTRY
SCHOLARSHIP APPLICATION

NAME _____ DATE _____

ADDRESS _____
mailing address city state zip

TELEPHONE _____
home cell work

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: _____

FOR OFFICE USE ONLY

( ) 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, Worship Arts Scholarship Committee