

UNITED METHODIST WOMEN OF VALPARAISO CONTINUING EDUCATION SCHOLARSHIP APPLICATION

Please return this form and all requested information to the church office no later than March 30, July 30, or October 30 depending upon whether you are applying for the summer, fall, or spring term.

Scholarship requirements:

1. Must be a woman twenty-one years of age or older
2. Must be returning to school to further education — a non-traditional student
3. Must be a member of First United Methodist Church of Valparaiso
4. Need not be a member of United Methodist Women of Valparaiso
5. Must write an essay on why you want to receive this scholarship, including work experience, church, community, or school activities, prior education, current educational plan or goal, and financial situation listing approximate costs or your educational plan and your ability to contribute.

Scholarship guidelines for consideration of awards:

1. Persistence and commitment to an educational goal
2. Financial need
3. Work experience and/or activities
4. Extent of financial responsibility

Date _____

Name _____
Last First Middle

Address _____
Street City Zip Code

Age _____ Home Phone _____ Cell Phone _____

Work Phone _____ Email Address _____

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____

Husband's Name _____ Do you have dependent children at home? _____ If so how many? _____

Husband's place of employment _____

Do you currently attend school? _____ If so, name of school _____

In what degree program are you enrolled? _____

If not currently enrolled, where have you been accepted? _____

In what degree program will you enroll? _____

List names of classes, number of credit hours, tuition cost, other anticipated expenses for this term: _____

Are you currently receiving or applying for other financial aid? _____

List name of and amounts of money anticipated from other scholarship, loans, grants or other sources: _____

Estimated date of degree completion _____

What are your plans or goals after graduation? _____

Awards, special recognitions, or honors you have received: _____

For those applying for the first time, please attach two letters of recommendation from persons familiar with your academic and personal accomplishments. One of these should be a member of First United Methodist Church of Valparaiso. Below, please indicate the names and contact information for those providing the letters of reference.

1. Name: _____ Phone _____

Address _____

1. Name: _____ Phone _____

Address: _____

Previous recipients must complete and return an application form for each term they seek scholarship assistance and include with the form written information sharing results of the completed term(s) along with anticipated course work and expenses for the term for which scholarship assistance is requested and progress for completion of degree.

Questions may be addressed to Karen Fritz via phone (464-2949) or email (kz8968@me.com)