

**2019 WEST FALMOUTH UNITED METHODIST CHURCH**  
**SCHOLARSHIP PROGRAM APPLICATION FOR SCHOLARSHIP**

**INSTRUCTIONS:**

1. All entries should be typed or printed in ink, except where noted otherwise.
2. If additional space is needed, please submit on separate sheet(s) attached to the application.
3. Completed applications are due by June 1st and should be mailed to:  
*West Falmouth United Methodist Church, Attention Chairman Scholarship Committee,*  
*P.O. Box 303, West Falmouth, MA 02574*  
OR emailed to:  
Nancy Twichell at: *tdtwichell@aol.com*
4. If enrolled in a college program, a copy of your most recent transcript should accompany your application.
5. For continuing education programs, please submit a description of the program, evidence of enrollment, and documented costs.
6. Please retain a copy of your application and its attachments so you may refer to it if we have questions regarding your application.

**PERSONAL DATA:**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle

**Permanent Mailing Address**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of church where you attend \_\_\_\_\_

Are you a member \_\_\_\_\_ (Y/N)

Your connection to West Falmouth United Methodist Church:

\_\_\_\_\_

**EDUCATION:** Attach a copy of your post high school transcript(s) and complete the following:

Name and Location	Year(s) Attended	Major
School(s) _____		

**CURRENT PLAN FOR FURTHER EDUCATION DURING NEXT YEAR:**

Full Name of School \_\_\_\_\_

School Address \_\_\_\_\_

Degree (etc.) being pursued: \_\_\_\_\_ Expected year of graduation \_\_\_\_\_

Part Time Student \_\_\_\_\_ Full Time Student \_\_\_\_\_

Please write a paragraph or two explaining your involvement with the congregational life of the church where you attend or are a member. (You may use the space below or attach a separate sheet.)

**Arrangements for Interview:** If possible, the Scholarship Committee prefers to interview candidates in person before scholarship decisions are made. Check and complete the following:

I can come to the church for an interview. List preferred times and a member of the Scholarship Committee will contact you.

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**Best phone number to be reached at:**

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I would prefer a telephone interview. Indicate the best times to be contacted.

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**Best phone number to be reached at:**

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**How did you hear about the scholarship?**

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**I declare that, to the best of my knowledge and belief, the statements herein are correct.**

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_