## APPLICATION FOR SCHOLARSHIP ST. PETERSBURG FIRST UNITED METHODIST CHURCH

212 Third Street North // St. Petersburg, FL 33701 // 727.894.4661 // www.stpetefirst.org

Name:				Age:
Home Address:				
Email Address:			Cell Phone #:	
Parents Names (if	under age 25):			
Email address for p	parent:			
High Schools & oth	er Schools Attended:			
			Dates:	
			Dates:	
			Dates:	
School expected to	attend next term:			
Address—Financia	I Aid Office:			
Have you been acc	cepted? Yes	No	Student #:	
Expected Major or	•			
References—				
Name:		Contact (email or cell):		
Affiliation with appl	cant:			
Name:		Co	ontact (email or cell):	
Affiliation with appl	cant:			
By submitting this	application, I certify that:			
I am a memb	er of St. Petersburg First	United Met	hodist Church	
<ul> <li>I will use any</li> </ul>	scholarship award funds	for educati	onal expenses	
All information	n in this application is tru	thful		
Signature:				
l	Your name entered here is	intended by y	ou to be your signature	

Attach:

- School transcript for last 2 terms, high school or other
- Estimated budget for next school year (state general costs and expected sources of income)
- Short autobiography or resume with past activities, awards, honors, church involvement & family history. Also, include your future plans.
- Statement of how you are experiencing God in your life this season and what it means for you to be a follower of Jesus Christ.