

SCHOLARSHIP APPLICATION

2026-2027 SCHOOL YEAR

FIRST UNITED METHODIST CHURCH
310 SOUTH MAIN STREET
LEXINGTON, NORTH CAROLINA 27292
(336) 248-2886

(Please print in ink or type)

Please complete and return to the above address (**Attn: Scholarship Team**) by Wednesday, **March 11**.
A personal interview may be scheduled at the discretion of the Scholarship Team.

**Please note: this application is to be filled out completely both front and back and signed on the back*

PERSONAL INFORMATION:

1. Name _____

First

Middle

Last

2. Address _____

Street

City

Zip

3. Cell phone _____ Email _____

4. Date of Birth _____

5. Father's (or guardian's) Full Name and Address

Home phone _____

6. Mother's (or guardian's) Full Name and Address

Home phone _____

7. If you are applying as a grandchild of a church member and your parents are not First UMC church members, please list the names of your grandparents who are (or were, if deceased) active members at First UMC:

please continue application on the next page

CHURCH AFFILIATION:

1. Member of what church _____
2. Mailing Address _____
3. Describe church activities, including offices held:

SCHOOL CURRENTLY ATTENDING:

1. Name of school: _____
2. Address of school: _____
3. What year are you in school? _____
4. Projected date of graduation: _____
5. Major/Minor (if applicable): _____

STATEMENT OF CONFIDENTIALITY:

All information provided in this application shall be held in strict confidence and will be used only to determine acceptance or denial of request for financial assistance.

CERTIFICATION:

In order to be good stewards of our church's resources, the First UMC Scholarship Committee requests that if the student withdraws from school and receives a refund, the student return the Scholarship funds received to the church.

I certify that the foregoing information is correct and true to the best of my knowledge.

Signature of applicant _____

Date _____