

Shalimar United Methodist Church

Scholarship Application

At Shalimar UMC, we don't want a lack of funds to keep you from attending an event or activity. Please complete the following application, and we may be able to provide some type of assistance. All information is confidential.

Contact Information

Student's Full Name: _____

Parent(s) Name: _____ Phone: _____

School: _____ Grade: _____ Age: _____

Address: _____

City, State, Zip: _____

Email: _____

Scholarship Information

1. Event for which you are requesting scholarship: _____

2. Are there any special circumstances in your family that have resulted in your need for financial assistance (loss of job, illnesses, etc.)?

3. How long have you attended Shalimar UMC? _____

Are you a member?

☐ yes ☐ no

4. What is the total cost of this event? _____

5. How much will you be able to pay for this event? _____

For Office
Use Only:

Date received: _____

Amt paid: _____

Total scholarship: _____

Approval: _____

(signed)

(date)