

Aldersgate Seminary Scholarship
Application form for 2017-2018 Academic Year
(Amount of scholarship will determined by donations.)
Presented by the Aldersgate United Methodist Church
Scholarship Committee

Section I. Personal Information

- a. Name _____
- b. Address _____
- c. Telephone _____
- d. Email Address _____

Section II. Parent or Legal Guardian

- a. Name _____
- b. Address _____
- c. Telephone _____
- d. Email Address _____

Section III. Scholarship to be used at the following Seminary

- a. Name of Seminary _____
- b. Address _____
- c. Phone number of Admissions office _____

Section IV. Information concerning activities and participation at Aldersgate UMC:

Section VIII. Applicants' Statement

In submitting this application, I certify that:

- a. I will use the proceeds of this scholarship for the payment of tuition, required fees, and books.
- b. UM School you plan to attend _____
- c. Degree working toward (e.g. BA, BS, MA, MDiv) _____
- d. Classification during scholarship year: Seminary ____ 1st ____ 2nd ____ 3rd
- e. I agree to release my grades to the Aldersgate Scholarship Committee and have attached my most current transcript or acceptance to the seminary
- f. The information submitted with this application is, to the best of my knowledge, true and correct.

Signed _____ Date _____

Senior Pastor Approval:

_____ Date _____

Staff Pastor Parish Approval

_____ Date _____

Chair

Date of Scholarship Committee Approval