

**St. Joseph United Methodist Church**

**Scholarship Application Form**

Thank You For Your Interest In Applying For A Scholarship Sponsored By St. Joseph United Methodist Church Located In Pikeville, NC. Each Scholarship Is Available For One Academic Year. Applicants Are Encouraged To Reapply In The Spring Of Your Academic Year. You are invited to apply for the St. Joseph United Methodist Scholarship. The number and amount of scholarships will be determined by available funding.

Please Forward Completed Application To:

St. Joseph UMC  
Scholarship Program  
PO Box 43  
Pikeville, NC 27863

**I. STUDENT INFORMATION**

NAME: \_\_\_\_\_  
                                First                                Middle Initial                                Last

Home Address: \_\_\_\_\_  
  Street  
  
                                \_\_\_\_\_                                \_\_\_\_\_                                \_\_\_\_\_  
  City  State  Zip

Telephone: (\_\_\_\_\_) \_\_\_\_\_

E-mail: (Please Print In All Caps) \_\_\_\_\_

Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_       Male       Female  
                                Month / Day / Year

Place of Birth: \_\_\_\_\_

Father's Name: (Please Print In All Caps)  
\_\_\_\_\_

Father's Address: (If Different From Yours)  
\_\_\_\_\_

Mother's Name: (Please Print In All Caps)

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Mother's Address: (If Different From Yours And/Or Father's)

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Please List Your Siblings And Their Grade / Year In School:

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Do You Attend Church / Church Activities?  Yes  No If Yes, Please Describe Briefly Below:

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Are You The Recipient Of Any Other Scholarships?  Yes  No If Yes, Please List.

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## **II. ACADEMIC INFORMATION**

Please Attach A Current Academic Transcript To This Application.

Current School \_\_\_\_\_

Current GPA \_\_\_\_\_ School Telephone # (\_\_\_\_\_) \_\_\_\_\_

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

Street

\_\_\_\_\_

City

State

Zip

College You Will Be Attending: \_\_\_\_\_

Have You Ever Been Suspended Or Dismissed From School?  Yes  No.

Please Provide The Name And Telephone Number Of One Person Who Will Be Sending A Letter Of Recommendation On Your Behalf. .

Name Of Reference: (Please Print) \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

**III. ADDITIONAL BACKGROUND**

Please List Public/Community Service Activities And / Or Sports/Extracurricular Activities In Which Your Are Involved:

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Select ONE Of The Following Prompts And Briefly Respond.

Have You Experienced Any Significant Challenges In Life Involving Your Physical Health, Family Life, Personal Challenges, Or Other Situations?

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Are You A Reader?  Yes  No. If Yes Please Describe Briefly Below And Last Two Books You Have Read Within The Past Year:

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