



UNITED METHODIST SCHOLARSHIP

General Board of Higher Education & Ministry - The United Methodist Church

Scholarship for: Albion College, 611 East Porter Street, Albion, MI 48854

Applicant Information

Name: _____ Male____ Female____

Home Address _____
Address City State Zip Code

Telephone(____)_____ E-mail Address _____

Current Year in School_____ GPA_____ Major_____

Church Information

Give the full name and address of the United Methodist church where you are an active member:

Name Address City State Zip Code

How long have you been a full member of The United Methodist Church _____

Confirmation date _____ Annual Conference to which your church belongs _____

Pastor's Name _____ Telephone(____)_____

Applicant Background

1. Describe your participation in projects and activities of church and/or community.
2. Describe your need for financial assistance for the coming academic year.
3. Please attach a statement regarding your request, including your philosophy of life, religious development, and what influenced you in selecting your career goal. Give any additional information that might be helpful.

Signed _____ Date _____

OFFICE OF FINANCIAL AID, K.C. #4670, ALBION, MICHIGAN 49224 • 517-629-0440

Application deadline June 1. Submit to the Albion College Financial Aid Office.