

TRINITY UNITED METHODIST CHURCH
901 E Neal * Salina, KS 67401 * (785)825-5270

Scholarship Application

Name _____
Last First Middle

Permanent Address _____
Street/Apartment City State Zip

School Address _____
Street/Apartment City State Zip

Home Phone _____ Cell Phone _____

Household status:

Independent Single [living in home other than parent(s)]

Single Dependent [living at home of parent(s)]

Name(s) of your Parent(s) _____

Parent(s) Address _____
Phone _____

Does/Do your parent(s) provide financial support for you? Yes No

How many other family members in college are being financially supported? _____

College which you plan to attend or are attending _____

Semester you intend to enroll: Year _____ Full time (12 or more hours) Part-time

What is your intended academic major (be specific) _____

If you are receiving support from your parents what was the combined **gross** income of your parents in the last calendar year?

0-10,000

10,001 – 20,000

20,001 to 40,000

40,001 to 60,000

60,001 to 80,000

80,001 and over

Are there other financial circumstances considering your total support that the committee should consider?

Are you presently employed? _____ Your approximate monthly income? \$_____

Academic information

PLEASE submit appropriate *official* transcripts citing the past two (2) years of Academic work, to include GPA. (If submitting electronically send supporting documents to: trinity@triumc.org or postal mail Trinity UMC, c/o Scholarship Application, 901 E. Neal, Salina, KS 67401.)

High School _____ City _____ State _____
Dates attended _____ Graduation date _____

College _____
Dates attended _____

Are you presently under academic or disciplinary suspension, probation or other similar action at any institution? No Yes If yes, attach a letter of explanation

High school students list the composite scores and test dates.

Date _____ College Entrance Test _____ Score _____

List any honor societies, extra-curricular activities of athletic programs you have participated in, and any awards that you have received, for at least the past two (2) years.

Please explain your participation in the following:

- A. Life-long participation in church
- B. Participation at Trinity United Methodist Church, Salina
- C. Participation in your college or community to continue your spiritual growth

Provide a brief statement of your personal faith.

Please describe your goals, plans, dreams, etc, for after college.

Are there other circumstances or factors that Trinity United Methodist Church Scholarship Committee should be aware of as they evaluate your application?

Are you applying for matching grants from the college you are attending? Yes No

Date the data is due to college if you are _____

*I certify the above information given by me in this application is true, complete and correct to the best of my knowledge.

Signature of Applicant Date _____

Email Address: _____