

# UNITED METHODIST SCHOLARSHIP

General Board of Higher Education and Ministry  
The United Methodist Church

## Certification of Church Membership

(Student: Complete first two lines and then give/mail to your pastor.)

This is to advise that \_\_\_\_\_ has applied for a United

name of student

Methodist Scholarship at McMurry University 908 Abilene TX 79697

name of college

street/box #

city

state

zip code + 4

### Confidential Information To Be Supplied By Pastor

RETURN THIS FORM TO THE UNITED METHODIST SCHOLARSHIP REPRESENTATIVE OF THE COLLEGE LISTED ABOVE. DO NOT SEND TO STUDENT.

This is to certify \_\_\_\_\_ has been a member of the

name of student

United Methodist Church for at least one year and is presently a member of \_\_\_\_\_

church

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signature of pastor

Name and mailing address of church \_\_\_\_\_

Church Telephone # \_\_\_\_\_ E-mail address \_\_\_\_\_

Annual Conference \_\_\_\_\_

Does this student need financial assistance? Yes  No  ?

Are the parents able to assume full financial responsibility for the education of this person? Yes  No  ?

Has the applicant been active in the program of your church? Yes  No  ?

Does this individual have leadership ability? Yes  No  ?

Is the applicant interested in being of professional service to the church? Yes  No  ?

Do you know of any reason why this person should not be awarded a United Methodist Scholarship? (If yes, explain) Yes  No  ?

Did (or will) your church observe United Methodist Student Day this year? Yes  No  ?

(over)

If this is a student you would really like the church to help, please give additional information that would guide the awards committee in determining the financial need of the applicant and whether the student is one who will help undergird The United Methodist Church now and in the future.

Return this form immediately to the United Methodist Scholarship Representative of the college listed on the front of this form.