



United  
Women  
in Faith



# Scholarship Application

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Member of Bethany (please circle):            YES        NO

Association with Bethany United Methodist Church: \_\_\_\_\_

Year confirmed: \_\_\_\_\_

List of extra-curricular activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provide the College of acceptance: \_\_\_\_\_

Class (please circle):    Freshman    Sophomore    Junior    Senior

What area of Christian Education do you plan to pursue? \_\_\_\_\_

Write a short paragraph describing why you are applying for this scholarship (please attach)

Three letters of recommendations are required (please attach to application).

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

## Scholarship Details:

The amount will be \$1,000.00 to be made out to the college.

If there is not an applicant, the money will stay with UWF account.

Please return this form by June 1.

Applications can be dropped off in the Church Business Office in the UWF mailbox.