

Guidelines for a Scholarship given to a Woman by The United Methodist Women

The United Methodist Women of Merced will grant a scholarship in the amount of \$1,000. per school year to a woman who is listed as a member of the United Methodist Church of Merced and who desires to further her education.

Applicant should meet the following criteria:

1. Is a woman, who after a lapse of time is now ready to begin a college education.
OR
Is a woman, who after a lapse of time wants to start back to school and desires to continue and/or complete a college education.
2. Agrees to carry a minimum of 6 units per semester.
3. Submits a statement of her goals and objectives, which must accompany the application form.

Other requirements if awarded the scholarship:

The United Methodist Women of Merced must receive verification of enrollment from the college/university before the scholarship will be disbursed which will be quarterly, by trimester or semester.

Application for renewal of the scholarship will require a transcript from applicant's college/university which verifies the 6 units completed with at least a 2.0 grade point average or higher for the year completed.

If more than one woman applies, the woman enrolling in the greater number of units will receive additional consideration.

For more information contact Donna Hall, 209-722-6327, or donlloy@comcast.net.

Application deadline is August 1, 2014

**APPLICATION FOR WOMAN'S SCHOLARSHIP
GIVEN BY UNITED METHODIST WOMEN OF MERCED**

899 Yosemite Park Way
Merced, CA 95340
(209) 722-5777

This application must be on file in the office of the Merced United Methodist Church by **August 1, 2014** for the applicant to be considered for an award.

PLEASE TYPE OR PRINT and use additional sheets wherever necessary.

Name _____

Age _____ Birthdate ____/____/____ Soc. Sec. # _____ - _____ - _____

Local Address: _____
Street City State Zip

Telephone _____ Cell: _____ E-Mail _____

EDUCATIONAL BACKGROUND:

High School _____ Date of Graduation or GED _____

College/University attending next fall _____

Address of College/University office to which inquires may be made:

Office name _____

_____ Street City State Zip

Major if declared _____

A statement of your goals and objectives must accompany this application.

List any church and/or community activities (Red Cross, specific church activity, hospital volunteer, etc.) in which you are now or have been engaged:

Signed: _____ Date: _____