



# Asbury United Methodist Church 2017 Scholarship Application

Check the scholarship you are applying for (you may apply for both).

\_\_\_\_ Carol B Maida Scholarship      \_\_\_\_ Robert & Aileen VanKleek Scholarship

## Personal Information:

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

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_  
Home Cell Other (parents, etc)

Permanent Address  
(if different from above) \_\_\_\_\_  
Street City State Zip

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

School currently attending: \_\_\_\_\_  
Name City State

This is a: High School \_\_\_\_ College \_\_\_\_ Community College \_\_\_\_

Expected Graduation date: \_\_\_\_\_  
Month / Year

## Future Educational Plans:

Name of College or other post secondary school: \_\_\_\_\_

Address \_\_\_\_\_ Start Date \_\_\_\_\_  
City State Month / Year

Major course of study (if decided) \_\_\_\_\_

Member of Asbury UMC since: \_\_\_\_\_

## School leadership and extra curricular activities:

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**School and Community involvement:**

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**Church participation and activities (including attendance at worship): example: attends church every week, twice a month / helps with Sunday school occasionally, often / Youth Group / Children's or Adult Choir / Special music, etc.**

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**Return this application ON or BEFORE April 3, 2017 to Asbury UMC, attn: Scholarship Committee, 6822 Grand Ave, Duluth MN 55807 and include:** Final or most recent official school transcript and \*\*evidence of enrollment or acceptance into a post-high school degree or certificate program, or most recent transcript of grade report form, if already in a post high-school program. You will be notified of your application status after April 3, 2017.

\*\* If not currently enrolled in a post high school degree or certificate program, you will have until December 31, 2017 to supply the committee with evidence of enrollment to a post high school degree or certificate program. You will be awarded the scholarship when the committee receives proof of enrollment. If not enrolled in a program by December 31, 2017 then scholarship will be forfeited.

In submitting this application for the Robert and Aileen VanKleek Memorial Scholarship and the Carol B. Maida Memorial Scholarship, I understand that the information it contains, as well as the accompanying supportive materials, will be used and held in confidence by the Scholarship Committee, whose decisions and recommendations are final.

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

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