



UNITED METHODIST CHURCH
A Place For All. No Exceptions.

Asbury United Methodist Church 2025 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: (Continue on back if needed.)

School and Community involvement: (Continue on back if needed.)

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.

Return this application ON or BEFORE April 19, 2025 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 19, 2025.

** If not currently enrolled in a post high school degree or certificate program, you will have until December 31, 2025 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, 2025 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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