

# Carlisle United Methodist Church 2020 Scholarship Application

Carlisle United Methodist Church  
45 S. West Street, Carlisle, PA 17013  
717-249-1512 www.carlislepaumc.org

**Note:** All requested material *must* be received by Scholarship Committee/PASTOR MIRA ([mhewlett@carlislepaumc.org](mailto:mhewlett@carlislepaumc.org)) via email no later than the deadline of **May 1, 2020**. Any information not provided could result in not being considered.

## **PERSONAL INFORMATION**

Name in full \_\_\_\_\_

Personal mailing address \_\_\_\_\_

Street/Box #

City

State

Zip

Age \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

SS# (required by certain trusts for distribution of funds) \_\_\_\_\_

## **SCHOLASTIC INFORMATION**

High School Attended: \_\_\_\_\_ Year of graduation: \_\_\_\_\_

College you will attend during scholarship year \_\_\_\_\_

**Bursar's Office** address for college/university \_\_\_\_\_

## **Degree Type & Class Year in 2020:**

Associate            1st Year             2nd Year

Bachelor            Freshman     Sophomore     Junior     Senior

Masters:            Year \_\_\_\_\_

PHD:                Year \_\_\_\_\_

Will you be enrolled full-time? Yes  No  If no, number of hours registered \_\_\_\_\_

When will you graduate? \_\_\_\_\_

**Major/Degree you are earning (please be specific)** \_\_\_\_\_

For what career are you preparing? \_\_\_\_\_

**LIST ACADEMIC HONORS, AWARDS, ETC., YOU HAVE RECEIVED:**


**FAMILY INFORMATION**

**Single/Dependent**  **Married**  **Single/Self-Supporting**

If single/dependent:

Father's name \_\_\_\_\_ Occupation \_\_\_\_\_

Mothers' name \_\_\_\_\_ Occupation \_\_\_\_\_

Number of persons dependent on parents' income listed above \_\_\_\_\_ Ages of dependents \_\_\_\_\_

If married:

Spouse's name \_\_\_\_\_ Spouse's occupation \_\_\_\_\_

Number and age(s) of dependent(s) \_\_\_\_\_

**RELIGIOUS AFFILIATION**

Are you a member of Carlisle United Methodist Church? Yes  No

If not, have you been active in worship and activities at CUMC? Yes  No

If yes, how were you involved? \_\_\_\_\_

If you are not a member and were not active at CUMC, do you attend another religious place of worship? Yes  No

If yes, please name: \_\_\_\_\_

**Describe your participation in projects and activities of school, church, and community:**

# FINANCIAL STATEMENT

This statement must be completed before your scholarship request can be reviewed.

**ESTIMATED EXPENSES: (for academic year):**

Tuition and fees                                     \$ \_\_\_\_\_  
Books   \_\_\_\_\_  
Housing   \_\_\_\_\_  
Food   \_\_\_\_\_  
Transportation                                     \_\_\_\_\_  
Other expenses (itemize)


**TOTAL OF ESTIMATED EXPENSES**        \$ \_\_\_\_\_

**AVAILABLE INCOME:**

Your savings/contributions for college        \$ \_\_\_\_\_  
Parental/Family contributions                     \_\_\_\_\_  
Expected earnings during academic year       \_\_\_\_\_  
Scholarships/Grants/Loans/Other Financial Aid (itemize)


**TOTAL OF AVAILABLE INCOME:**                     \$ \_\_\_\_\_

**SPECIAL CIRCUMSTANCES:**

On a separate sheet describe any unusually high expenses. Additional itemized expenses may also be listed. Special circumstances that may affect your financial situation should be explained.

## EMPLOYMENT INFORMATION

State briefly the 3 most recent employments you have had or now have:

Position	Employer	Type of work	Dates

Will you be working during the college year? Yes  No

## REFERENCES

List two references who are not family members. Letters are not needed.

1. Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone \_\_\_\_\_ Email: \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone \_\_\_\_\_ Email: \_\_\_\_\_

## TRANSCRIPT

An unofficial transcript of your latest academic work **must accompany** this application. Please include GPA or SAT/ACT scores as some of the scholarships are grade dependent.

Incoming Freshman – must submit acceptance letter to your school.

**What factors, if any, should be taken into consideration in evaluating your academic record?**

I certify that to the best of my knowledge, the information contained in this application is correct and complete. I verify my unofficial transcript is the most recent.

---

Student Signature

Date

**Email completed application and transcript to  
[mhewlett@carlislepaumc.org](mailto:mhewlett@carlislepaumc.org) no later than May 1, 2020.**