

**St. Mark's United Methodist Church Foundation
Scholarship Application Checklist
2019-2020 Academic Year**



REQUIRED FOR ALL SCHOLARSHIPS:

- Application Form
- One-page statement of applicant's calling & career plans for ministry (1st year only)
- Current academic transcript (if a first year student in undergraduate or seminary, please also include your letter of acceptance)
- Brief narrative and/or documentation supporting financial need
- Two letters of recommendation
- A copy of your financial aid award letter

Application and supporting documentation must be returned to
St. Mark's United Methodist Church Foundation and postmarked
by:

June 30, 2019

Mail to the following address:

St. Mark's UMC Foundation Scholarship
c/o Mr. Bob Fitzsimmons
6421 Shenandoah Dr.
Lincoln, NE 68510

St. Mark's United Methodist Church Foundation Scholarship Application



Check Scholarships for which you are applying (see Guidelines for qualifications):

- St. Mark's United Methodist Church Foundation **Seminary Scholarship**
- St. Mark's United Methodist Church Foundation **Undergraduate Scholarship**

Will you be a:

- New Student
- Continuing Student
- Returning Student from inactive status

Personal Information

First Name		Last Name		
Address		City	State	Zip Code
Phone Number	Email Address			Date of Birth

General Information

	Yes	No
Have you ever been convicted of a felony? <i>(If yes, please explain on another sheet of paper.)</i>		
Are you a member of a St. Mark's United Methodist Church in Lincoln, NE?		
If no, to which church do you belong?		
Do you have an interest in a summer internship at St. Mark's United Methodist Church?		

Undergraduate Applicants Only

Do you intend to enroll in the candidacy process to enter into Christian Ministry? Yes No

Seminary Applicants Only

Do you plan to become a pastor in the Great Plains Annual Conference? Yes No

Do you have an ordained ministry mentor? Yes No

If yes, who is your mentor? _____

Education: Please use a separate sheet of paper if needed.

	Name & Location of School	Start Date	Graduation Date <i>(or expected date)</i>	Cumulative GPA
High School				
College				
Seminary <i>(if applicable)</i>				

Employment History: Please include the previous 5 years; use a separate sheet of paper if needed.

Date: Month & Year	Name of Employer	Salary	Job Title	Duties
From				
To				
From				
To				
From				
To				
From				
To				

Financial Summary:

Cost of Attendance:

Tuition _____
 Fees _____
 Books & Supplies _____
 Room & Board _____
 Personal/Misc. _____
 Transportation _____

Campus-Based Aid and Other Resources:

Stafford _____
 Scholarship _____
 School Grant _____
 Tuition Waiver _____
 Student Contribution _____
 Tribal Assistance _____
 Military Education Benefit _____
 Other _____

Letters of Recommendation: Please list the contact information of those who have been asked to provide letters of recommendation.

Name	Address	City	State	Zip Code	Phone No.

Signature of Applicant

Date