

APPLICATION FOR SCHOLARSHIP

ST. PETERSBURG FIRST UNITED METHODIST CHURCH

212 Third Street North, St. Petersburg, FL 33701 // 727.894.4661 // www.stpetefirst.org

Name:	Age:
Home Address:	
Email Address:	Cell Phone #:
Parents Names (if under age 25):	
Email address for parent:	

High Schools & other Schools Attended:	Dates:
	Dates:
	Dates:
School expected to attend next term:	
Address-Financial Aid Office: _____	

Have you been accepted? Yes [] No []	Student #
Expected Major or course of study:	

References:	
Name:	Contact (email or cell):
Affiliation with applicant:	
Name:	Contact (email or cell):
Affiliation with applicant:	

By submitting this application, I certify that:
<ul style="list-style-type: none">▪ I am a member of First United Methodist Church of St. Petersburg.▪ I will use any scholarship award funds for educational expenses.▪ All information in this application is truthful.
Signature: _____
Your name entered here is intended by you to be your signature
ATTACH: <input type="checkbox"/> School transcript for last 2 terms, high school or other.
<input type="checkbox"/> Estimated budget for next school year (state general costs and expected sources of income).
<input type="checkbox"/> Short autobiography or resume with past activities, awards, honors, church involvement & family history. Also, include your future plans.
<input type="checkbox"/> Statement of how you are experiencing God in your life this season and what it means for you to be a follower of Jesus Christ.

Revised 2024

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED