

**Linthicum Heights United Methodist Church
SCHOLARSHIP APPLICATION**

Applicant's Name (Print): _____
(First) (M.I.) (Last)

Applicant's Social Security Number or Student ID _____

Address: _____

City: _____ State: _____ Phone # _____

If applicant is **married**, spouse's name: _____

Dependents: ages: _____

If applicant is **single**:
Father's name and address: _____

Mother's name and address: _____

Special Circumstances: _____

First time applicant? Yes No Degree seeking: Associate / Bachelor / Master / _____

Total number of credits you expect to have successfully completed at end of current term _____

Number of credits you expect to complete during next academic year _____

Intended Vocation or Area of Study: _____

Reason for choosing: _____

Name and Address of School where applicant has been accepted or where applicant is presently attending:

Reason for applying to Linthicum Heights United Methodist Church (LHUMC) Scholarship Fund:

Member LHUMC? Yes No

(Signature of Applicant)

(Date)

Application must be received by Scholarship Committee, Linthicum Heights United Methodist Church, 200 School Lane, Linthicum, Maryland 21090, no later than April 30th.

LHUMC SCHOLARSHIP APPLICATION

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Applicant's Name (Print): _____

FOR COMMITTEE USE ONLY

Application _____ Date received _____

Transcript _____ Date received _____

Letter from school official _____ Date received _____

Letter from church official _____ Date received _____

Accepted at _____ Date _____
(School)

Action taken by Committee _____

Award amount: _____

Date: _____

Comments _____

Date: _____

Applicant notified _____

Check sent to _____

Date: _____