



VERL V. SMITH SCHOLARSHIP APPLICATION

Full name _____

Social Security number _____ Age _____ Marital Status _____

Home Address _____ Phone _____

United Methodist College/University/Seminary _____

Cumulative GPA _____

If married, give full name & occupation of spouse _____

Will you attend this college the entire academic year? _____ If no, explain _____

For what career are you preparing? _____

How long have you been a full member of the United Methodist Church? _____

Give full name and address of the United Methodist church you are currently an active member, if not a member of College Avenue.

_____ (name of church)

_____ (street address)

_____ (city, state, zip)

Pastor's name _____ Phone _____

Describe your participation in projects and activities of the church and/or community.

Make a statement regarding your need for financial assistance for the coming academic year.



Make a general statement of your beliefs and call to the ministry.

1. Please include three letters of reference, one from each of the following categories:

- Church—e.g., Sunday School teacher, choir director, pastor, etc.
- Current school teacher/professor
- Community

2. Please attach a transcript through the most recently completed semester.

3. Send this application packet to:

Verl V. Smith Scholarship Committee
College Avenue United Methodist Church
1968 W. Main Street
Muncie, IN 47303

Deadline for Scholarship: Friday, October 30, 2015

Signature _____ Date _____