

Mission Rivers District Scholarship Application

Note: This form must be filled out completely for applicant to be considered for award.

Full Name: (as shown on your school enrollment document):

Mailing Address:

Email Address:

Cell Phone Number: _____ **Home Number:** _____

Name of College/University/Seminary/Trade School:

Address and Phone Number of the Office at the College/University, etc. where the scholarship should be mailed if awarded. This is *not* the general address of the school – we need the specific office name and address such as Financial Aid, Student Accounts, etc. You should contact the school for this information. Failure to provide this will result in loss of the scholarship.

MRD Church where you are a member. Please provide the date you joined:

Student Account Number (if not assigned yet, please indicate): _____

Most recent cumulative GPA (from high school or most recent college/university/trade school):

Other Scholarships Awarded (continue on reverse if necessary):

THIS SECTION TO BE COMPLETED BY CHURCH PASTOR (Required)

I verify that the applicant is a member of _____ UMC on the Mission Rivers District.

Pastor Signature

In **three** sentences, please describe the applicant.

THIS SECTION TO BE COMPLETED BY COMMUNITY LEADER (Optional)

The applicant is active in serving the community.

Community Leader Signature & Position

In **three** sentences, please describe the applicant.
