



PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

## APPLICANT INFORMATION

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

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City:  Father  Step Father  Mother  Step Mother  Guardian

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

City:  Father  Step Father  Mother  Step Mother  Guardian

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## SCHOOL INFORMATION

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City: \_\_\_\_\_  
Name of High School: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Academic Advisor Name: \_\_\_\_\_ Advisor Email: \_\_\_\_\_

Current GPA: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

City: \_\_\_\_\_

Name of School Attending in the Fall: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Registrar's Office Phone: \_\_\_\_\_ Intended Major: \_\_\_\_\_

**STUDENT PROFILE**

How are you currently involved with St. James United Methodist Church? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you participated in Confirmation Class?  No  Yes (Date of Confirmation \_\_\_\_\_)

**Extra-Curricular Activities:** List all Activities (Organizations, Athletics, Community Service, etc.) and/or Scholastic Achievements (Honor Society, Scholastic Awards, etc.). Please complete the following information in as much detail as possible. *Feel free to use additional sheets of paper or to create your own document using the information below.*

1. \_\_\_\_\_ 6. \_\_\_\_\_

2. \_\_\_\_\_ 7. \_\_\_\_\_

3. \_\_\_\_\_ 8. \_\_\_\_\_

4. \_\_\_\_\_ 9. \_\_\_\_\_

5. \_\_\_\_\_ 10. \_\_\_\_\_

List any other scholarships you have received and the amounts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly state your long and short term goals and objectives (please use complete sentences): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICATION ATTACHMENTS**

\_\_\_\_\_

- High School Transcript     Essay
- Acceptance Letter         Two (2) letters of recommendation from Church Ministry

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

*Please submit completed application electronically to **pbattle02@gmail.com** or mailed directly to **St. James United Methodist Church, Youth Scholarship Fund, 5540 Wayne Avenue, Kansas City, MO 64110-2964**. Mailed applications must be postmarked on or before June 15, 2018.*

**FOR OFFICE USE ONLY**

Application Received On: \_\_\_\_\_ Accepted by: \_\_\_\_\_

Eligibility:  Membership Scholarship         "Mr. Bill" Scholarship  Service Ministry Scholarship  Book Scholarship

Approved by: \_\_\_\_\_ Total Scholarship Amount: \$ \_\_\_\_\_