

**ROSE CITY PARK UNITED METHODIST CHURCH**

Please mark the box(es) to indicate whether you are applying for one or both of our scholarship funds.

APPLICATION  
for

**MEMORIAL SCHOLARSHIP FUND**  
and /or

**DR. ALVIN UHLE**

**MEMORIAL SCHOLARSHIP FUND**  
\*\*\*\*\*

Date\_\_\_\_\_

Name\_\_\_\_\_Phone\_\_\_\_\_

Address\_\_\_\_\_Zip Code\_\_\_\_\_Age\_\_\_\_\_

R.C.P.U.M. Church Member: Yes\_\_\_\_\_ Year Joined \_\_\_\_\_ No \_\_\_\_\_

***FAMILY INFORMATION***

List members of household by name, relationship, occupation, and if relevant, present status in regard to school, age, etc. Include address, if different from applicant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other persons fully or partially dependent upon yourself or your parents.

\_\_\_\_\_  
\_\_\_\_\_

***HIGH SCHOOL INFORMATION***

High School Name \_\_\_\_\_ Graduation Date \_\_\_\_\_

Location of High School: City \_\_\_\_\_ State \_\_\_\_\_ Grade Average \_\_\_\_\_

Area of Concentration \_\_\_\_\_ Special Courses Taken \_\_\_\_\_

\_\_\_\_\_

Activities, offices, sports, honors, etc. \_\_\_\_\_

\_\_\_\_\_

**POST HIGH SCHOOL EDUCATION**

If you have had schooling or training beyond high school, please list in ascending order: If you need more space for any section please use the back of this page and label the information appropriately.

Name of School \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Location of School: City \_\_\_\_\_ State \_\_\_\_\_

Area of Concentration \_\_\_\_\_ Grade Average \_\_\_\_\_

Length of Completed Training (Terms, semesters, years) \_\_\_\_\_

Degree(s) completed (or anticipated date of completion) \_\_\_\_\_

Activities, Offices, Sports, Honors, etc. \_\_\_\_\_

\* \* \* \* \*

Name of School \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Location of School: City \_\_\_\_\_ State \_\_\_\_\_

Area of Concentration \_\_\_\_\_ Grade Average \_\_\_\_\_

Length of Completed Training (Terms, semesters, years) \_\_\_\_\_

Degree(s) completed (or anticipated date of completion) \_\_\_\_\_

Activities, Offices, Sports, Honors, etc. \_\_\_\_\_

**YOUR FUTURE**

Educational Plans \_\_\_\_\_

Name of School or Training Facility \_\_\_\_\_

Address of Facility \_\_\_\_\_

(If currently unsure of school, explain) \_\_\_\_\_

Major subject or area of concentration planned \_\_\_\_\_

How will you use this schooling or training \_\_\_\_\_

Number of terms or semesters required for completion \_\_\_\_\_

Estimated cost of next year's schooling \_\_\_\_\_

**RECENT WORK EXPERIENCE**

Employer: \_\_\_\_\_ Duties \_\_\_\_\_ Dates \_\_\_\_\_

Employer: \_\_\_\_\_ Duties \_\_\_\_\_ Dates \_\_\_\_\_

Employer: \_\_\_\_\_ Duties \_\_\_\_\_ Dates \_\_\_\_\_

Employment planned during school \_\_\_\_\_

**OTHER SCHOLARSHIPS OR OUTSIDE ASSISTANCE APPLIED FOR** \_\_\_\_\_

**ASSISTANCE AVAILABLE FROM FAMILY OR OTHERS** \_\_\_\_\_

**ACTIVITIES AND SERVICE**

In the Church \_\_\_\_\_

In the Community \_\_\_\_\_

In your Work \_\_\_\_\_

**OTHER INFORMATION YOU FEEL WOULD BE USEFUL TO THE COMMITTEE** \_\_\_\_\_

PLEASE RETURN APPLICATION TO:

**ROSE CITY PARK UNITED METHODIST CHURCH  
5830 NE ALAMEDA  
PORTLAND, OR 97213**

**Church Phone: 503-281-1229**