

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

Date _____

Name _____ Email Address _____

Address _____ Zip Code _____ Age _____

Home Phone _____ Cell Phone _____

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.

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 including living expenses \$ _____ books \$ _____
tuition/fees \$ _____ Total estimated cost = \$ _____

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