



PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

APPLICANT INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

PARENT/GUARDIAN INFORMATION

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

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 **scholarship@sjumckc.org** 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 12, 2020.*

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: \$ _____