



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

Parent/Guardian Name _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SCHOOL INFORMATION

Name of High School _____

Address: _____

City: _____ State: _____ Zip: _____

Current GPA: _____ Graduation Date: _____

Name of School Attending in the fall: _____

Address: _____

City: _____ State: _____ Zip: _____

STUDENT PROFILE

In what St. James UMC ministries are you involved in currently?

Have you completed confirmation class? No Yes, attach a copy of certificate or a note from instructor

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.*

Briefly state your long and short term goals and objectives below. Please use complete sentences.

APPLICATION ATTACHMENTS

- High School Transcript Essay
- Acceptance Letter Two (2) letters of recommendation from Church Ministry Leaders
- Confirmation Verification (copy of certificate or a note from instructor)

Applicant Signature: _____ Date: _____

*Please submit the completed application electronically to scholarship@sjumckc.org or mail directly to **St. James United Methodist Church, Youth Scholarship Fund, 5540 Wayne Avenue, Kansas City, MO 64110**. Mailed applications must be postmarked on or before June 15th of the current year.*

FOR OFFICE USE ONLY

Application Received On: _____ Accepted by: _____

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

Comments: _____

Approved by: _____ Total Scholarship Amount: \$ _____