

# MERIT SCHOLARSHIP APPLICATION

Use this application only if you are a Susquehanna Conference student attending a **United Methodist** college/university

Board of Higher Education and Campus Ministry  
Susquehanna Conference  
The United Methodist Church

NOTE: **All requested material** *must* be received by the Board of Higher Education and Campus Ministry no later than April 30 to be considered for an award. **Return to: Rev. Eric Funk, 429 N 8th St, Selinsgrove PA 17870**  
Email [ericfunk@susumc.org](mailto:ericfunk@susumc.org) if you have any questions.

(please type or print clearly)

Social Security Number \_\_\_\_\_ Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_

Name in full \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Permanent address \_\_\_\_\_  
street/box # \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip + 4 \_\_\_\_\_

Mailing address while in school \_\_\_\_\_  
street/box # \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip + 4 \_\_\_\_\_

Age \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Telephone ( \_\_\_\_ ) \_\_\_\_\_

Number and age(s) of dependent(s) \_\_\_\_\_

Are you a citizen or permanent resident of the USA? \_\_\_\_\_  
If permanent resident, list Alien Registration Receipt Card Number above

School you will attend during scholarship year \_\_\_\_\_  
school mailing address \_\_\_\_\_

Academic classification (scholarship year)  Freshman  Sophomore  Junior  Senior

Graduate \_\_\_\_\_ First \_\_\_\_\_ Second \_\_\_\_\_ Third \_\_\_\_\_ Other \_\_\_\_\_

Will you be enrolled full-time? \_\_\_\_\_ If not, number of hours registered \_\_\_\_\_  
How many hours are required for full-time? \_\_\_\_\_

When will you graduate? \_\_\_\_\_ Degree \_\_\_\_\_ Final education goal \_\_\_\_\_

For what career are you preparing? \_\_\_\_\_

I will qualify for a special ethnic scholarship. I am:  Asian  Black  Hispanic  Native American  Pacific Islander

Are you a member of The United Methodist Church?  Yes  No

If yes, name of church you joined \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ How long have you been a member of the UMC? \_\_\_\_\_

Full name and mailing address of the United Methodist church where you are currently an active member:

name \_\_\_\_\_ street/box # \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip + 4 \_\_\_\_\_

Pastor's name \_\_\_\_\_ Telephone ( \_\_\_\_ ) \_\_\_\_\_

Institutions of Higher Education Attended – list present school first:

Institution	Dates attended from-to	Degree Earned	Major	Grade Point Average
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you had previous scholarship(s) from the Commission on Higher Education and Campus Ministry in Central PA?

\_\_\_\_\_

What academic year(s)? \_\_\_\_\_

List any academic honors, awards, etc., you have received \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What factors, if any, should be taken into consideration in evaluating your academic record? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your participation in projects and activities of church and/or community including any church activities at the Annual Conference, Jurisdictional, and/or National level.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State briefly any paid employment you have had or now have:

Title of position	Employed by	Type of work	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Will you be working during the college year?  Yes  No

Father's name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's name \_\_\_\_\_ Occupation \_\_\_\_\_

If under 24 give parents' gross annual income \_\_\_\_\_

If married give:  
Spouse's name \_\_\_\_\_ Spouse's occupation \_\_\_\_\_ Spouse's gross annual income \_\_\_\_\_

Number and ages of persons dependent on the income listed above \_\_\_\_\_

**Financial Statement**

This statement must be completed before your scholarship request can be reviewed.

Financial Aid is requested for academic year 20 \_\_\_\_ - \_\_\_\_

**Income Available** to meet expenses for the academic year:

Personal funds (cash, savings, etc) \$ \_\_\_\_\_

Total summer earnings \$ \_\_\_\_; amount available for school \_\_\_\_\_

Expected earnings for academic year\* \_\_\_\_\_

Parental support \_\_\_\_\_

Spouse's income\* \_\_\_\_\_

Assistantships \_\_\_\_\_

Scholarships (itemize) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grants (itemize) \_\_\_\_\_

\_\_\_\_\_

Loans (itemize) \_\_\_\_\_

\_\_\_\_\_

Other Income (itemize) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Income** \$ \_\_\_\_\_

\*After all taxes have been deducted.

**Estimated Expenses** for the academic year:

Tuition and fee \$ \_\_\_\_\_

Books \_\_\_\_\_

Housing \_\_\_\_\_

Food \_\_\_\_\_

Clothing and laundry \_\_\_\_\_

Medical care \_\_\_\_\_

Transportation (itemize) \_\_\_\_\_

\_\_\_\_\_

Other expenses (itemize) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Expenses** \$ \_\_\_\_\_

*Please note: On a separate sheet describe any unusually high expenses. (Additional itemized expenses may also be listed.) Special circumstances that may affect your financial situation should be explained.*

If you are a self-supporting student, list number of dependents (explain) \_\_\_\_\_

Have you applied for other financial aid for the academic year not listed above?

**If yes**, name sources \_\_\_\_\_ Have you received notification of approval/disapproval? \_\_\_\_\_ **If approved**, list amount you will receive (or have received) from each source? \_\_\_\_\_

**Have you listed these amounts** in the appropriate income section above? \_\_\_\_\_

List educational loans unpaid for prior years.	Source:	Amount:
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____

I certify that to the best of my knowledge, the information contained in this statement is correct and complete. I understand it is my responsibility to ensure all supporting documentation (official transcripts, references, etc.) is received by the Board of Higher Education and Campus Ministry no later than the appropriate deadline date.

\_\_\_\_\_  
(Signature of student in full)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name of school where you plan to enroll)

Make a statement of your philosophy of life, purpose, religious development, and vocational goals, including what has influenced you in your career choice. (Use separate sheet of paper if you desire.)

**Transcript**

Request that your college or high school mail your official transcript of latest academic work (in time to arrive by the April 30 deadline) to Board of Higher Education and Campus Ministry, c/o Rev. Eric Funk, 429 N 8th St, Selinsgrove PA 17870

**References**

The following persons should be requested to submit letters of recommendation to the Board of Higher Education and Campus Ministry, c/o Rev. Eric Funk, 429 N 8th St, Selinsgrove PA 17870 no later than the specified deadline date: April 30.

1. The pastor of the United Methodist church where you are currently an active member. If you are a student pastor or certified candidate for ministry, your district superintendent or supervising pastor must send reference.

_____	_____
Name	Occupation/Relationship

2. An active lay person in your church.

_____	_____
Name	Occupation/Relationship

3. A high school teacher or college professor who has taught you in this academic year. If you have not been in school in the past two years, you may request this reference from a recent employer.

_____	_____
Name	Occupation/Relationship

**To assure proper consideration of your application, answer every question on this form, submit your letters of recommendation and official transcript of your latest academic work (high school or college) to the Board no later than the specified deadline.**