

UNITED METHODIST CHURCH
APPLICATION FOR EDUCATIONAL SCHOLARSHIP

RETURN APPLICATION BY: JULY 1, 2025

TO: ENDOWMENT COMMITTEE
UNITED METHODIST CHURCH
815 EAST UNIVERSITY STREET
OWATONNA, MN 55060

PLEASE TYPE OR CAREFULLY PRINT THIS APPLICATION

Name: _____

Address: _____

Date of Birth: _____ Phone: _____

Parent/ Guardian Names: _____

Complete the following where applicable:

I am a member of _____ church
in _____ City/State.

My parent (s) or guardian (s) is a member of: _____ church
in _____ City/State.

I am presently a student at: _____

I have applied for admission to: _____

My application has been accepted at: _____

My career options being considered: _____

Please list the following:

I. Church and/or community activities. Include grade level/leadership roles:

II. Educational experiences (high school or college)

List the high school and post-secondary (if any) institution(s) you have attended.

School activities (high school or college) indicate grade, offices held, responsibilities, or any pertinent information:

III. Work experience: (list most recent first)

IV. Special recognition and honors: (give dates) _____

V. In a paragraph, state your educational and career goals:

VI. Any other information you wish to share:

VII. Include a current transcript with this application.

VIII. This form and all information provided to the Owatonna United Methodist
Endowment Committee is confidential.

Date: _____ Signature: _____