

**APPLICATION FOR DFUMC SCHOLARSHIP**

**DATE** \_\_\_\_\_

FIRST UNITED METHODIST CHURCH, 22124 GARRISON AVE., DEARBORN, MI 48124-2274

**Please type or print clearly in blue or black ink**

1. NAME \_\_\_\_\_
2. ADDRESS \_\_\_\_\_
3. BIRTH DATE \_\_\_\_\_
4. FATHER'S NAME \_\_\_\_\_
5. MOTHER'S NAME \_\_\_\_\_
6. STUDENT'S PHONE NUMBER: \_\_\_\_\_ STUDENT'S EMAIL \_\_\_\_\_
7. SCHOOLS ATTENDED (Please list with dates of enrollment for high school and/or college) \_\_\_\_\_
8. DATE OF GRADUATION FROM HIGH SCHOOL \_\_\_\_\_
9. WHAT EXTRA-CURRICULAR ACTIVITIES HAVE YOU SHARED?  
IN SCHOOL \_\_\_\_\_  
IN CHURCH \_\_\_\_\_  
IN THE COMMUNITY \_\_\_\_\_
10. TO WHAT COLLEGE OR UNIVERSITY HAVE YOU COMMITTED? \_\_\_\_\_
11. IN WHAT FIELD DO YOU PLAN TO MAJOR? \_\_\_\_\_  
This major falls in which category (Check all that apply)  Ministry  Teaching  Nursing  Social Work
12. WHAT EXPENSES DO YOU ANTICIPATE PER SEMESTER? \_\_\_\_\_
13. WHAT RESOURCES ARE AVAILABLE TO YOU TOWARDS THOSE EXPENSES?
  - a. PARENTAL ASSISTANCE (% Contribution to Total Expenses) \_\_\_\_\_
  - b. WILL YOU HAVE PART TIME EMPLOYMENT? \_\_\_\_\_
  - c. PERSONAL SAVINGS (Dollar Amount) \_\_\_\_\_
  - d. OTHER SCHOLARSHIP ASSISTANCE \_\_\_\_\_
14. PERSONAL REFERENCES (Please list name and phone number or email – Committee will make contact)
  - a. HIGH SCHOOL PRINCIPAL/COUNSELOR \_\_\_\_\_
  - b. BUSINESS PERSON \_\_\_\_\_
  - c. ADULT CHURCH ACQUAINTANCE \_\_\_\_\_
15. ANY ADDITIONAL INFORMATION OR COMMENTS YOU CARE TO OFFER  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Please fill out completely and return to Claudia Nickel: [cjnickel01@gmail.com](mailto:cjnickel01@gmail.com) by April 23, 2024)  
A TRANSCRIPT OF YOUR GRADES FROM THE LAST MARKING PERIOD  
MUST ACCOMPANY YOUR APPLICATION.**