



APPLICATION  
FOR ACADEMIC SCHOLARSHIP  
First United Methodist Church of Boulder  
1421 Spruce Street  
Boulder, CO 80302



Instructions for completing this form:

\*Type or clearly print using blue or black ink.

**\*This form must be fully completed by the applicant and submitted by the deadline.**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Last Name

First Name

Middle Name

Address: \_\_\_\_\_

Street & Number

City

State

Zip

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

Single? \_\_\_\_\_ Married? \_\_\_\_\_ Children? \_\_\_\_\_ (If yes, give ages.) \_\_\_\_\_

Name of parent or legal guardian, if under 21 years: \_\_\_\_\_

Address and phone of above if different from yours: \_\_\_\_\_

Grade of school or year of college last completed: \_\_\_\_\_

Name of school to which you have applied and/or been accepted to: \_\_\_\_\_

Name of last school from which you were graduated (or will graduate this year): \_\_\_\_\_

GPA: \_\_\_\_\_

High School and/or College activities in which you have participated, awards received, offices held, etc. \_\_\_\_\_

How are you affiliated with FUMC? \_\_\_\_\_

Current Church Affiliation: Member of \_\_\_\_\_ How long: \_\_\_\_\_

Presently I am attending \_\_\_\_\_ How long: \_\_\_\_\_

Describe your participation in the life of the church and/or community: \_\_\_\_\_

Please write a statement of your educational goals including the work for which you wish to prepare: \_\_\_\_\_

How much do you estimate the cost of one year's educational training will be? \$ \_\_\_\_\_

\*\*For the following factor in: income, savings, awards, and scholarships.

How much can you contribute personally? \$ \_\_\_\_\_

How much can your family contribute? \$ \_\_\_\_\_

How much can you get from other sources? \$ \_\_\_\_\_

How much do you estimate you will need from the scholarship fund? \$ \_\_\_\_\_

When will the payment of this grant be needed? Date: \_\_\_\_\_

Occupation of Father and place of employment: \_\_\_\_\_

Occupation of Mother and place of employment: \_\_\_\_\_

Total family annual income (include all working members of the family) \$ \_\_\_\_\_

Current # in family living at home: \_\_\_\_\_

How many of your family members are in college? \_\_\_\_\_

Do you own a automobile? (circle one) yes / no \_\_\_\_\_

FOR THE FOLLOWING QUESTIONS, PLEASE ATTACH AN EXTRA PAGE IF NECESSARY

Are there any extenuating family circumstances bearing on the matter of financial need?

Is there any other information you would like to share?

One reference (not a family member) whom you have asked to fill out the attached reference form:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reference full address: \_\_\_\_\_

\_\_\_\_\_  
Name of your Pastor Phone

\_\_\_\_\_  
An official of the latest school you have attended who knows your school record Phone

\_\_\_\_\_  
Another adult who knows you well Phone

Application deadline is Friday, June 9, 2023.

Applications must be turned in to Justin Livingston via the FUMC church office.

**Boulder First United Methodist Church Scholarship Endowment Committee  
Reference Letter Form**

Letter of reference for candidate: \_\_\_\_\_

Please tell us why the applicant is deserving of this scholarship:

To the best of your ability, please tell us about the applicant in the following areas:

Academic Abilities:

Commitment:

Career goals/objectives:

How does this person relate to others?

How long and in what capacity have you known the candidate?

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please print your name, address (with zip), and phone: \_\_\_\_\_

Please do not return this to the candidate, but send it directly to:

Scholarship Committee, Attn: Justin Livingston  
First United Methodist Church of Boulder  
1421 Spruce Street  
Boulder, CO, 80302

Please return this letter to the address above no later than Friday, June 9, 2023.

Thank you for your time!