

Application for the
Will H. and Mary T. Morling Scholarship
Florence J. Brenizer Endowment
Arthur W. Smith & Audrey F. Smith Methodist Scholarship Fund

First United Methodist Church
801 Broadway, PO Box 99
Emmetsburg, IA 50536
phone / fax* 1 - 712 - 852 - 2154
(phone first to let us know you plan to send a fax)

Deadline for filing completed application is February 15.

PERSONAL

Name: _____ Male _____ Female _____

Permanent Address:

Street _____ City, State Zip _____

Home Telephone _____ email _____

Birth Date _____

Are you a citizen of the United States? _____ If not, where? _____

If financially dependent on parents answer the following:

Father's full name _____ Age _____ Occupation _____

Mother's full name _____ Age _____ Occupation _____

Number of brothers and/sisters _____ Age(s) _____

Are there additional persons dependent on parent's income? _____

If yes, Explain:

If married, answer the following:

Spouse's full name _____ Age _____ Occupation _____

Number of children _____ Age(s) _____

EDUCATION

College or other educational institution you plan to attend: _____

Street City, State Zip Telephone

Your college address (if known):

Street City, State Zip Telephone

What will your classification in college be in September?

____ Freshman ____ Sophomore ____ Junior ____ Senior
____ Graduate School (year ____) Other (explain) _____

I will be attending: Fall 20 ____, Winter 20 ____, Spring 20 ____, Summer 20 ____,
 Other: _____

If an upperclassman in college – Grade point average for academic year just ending _____

(A college transcript is required.)

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If entering college as a freshman, name and address of high school:

\_\_\_\_\_  
\_\_\_\_\_

High School GPA after 7 semesters \_\_\_\_\_; ACT Score \_\_\_\_\_ (requires documentation)

Expected date of high school graduation \_\_\_\_\_

**(A high school transcript is required.)**

VOCATION

Describe your career goals? (If undecided, include possible choices you are considering)

RELIGION

To what church do you belong? \_\_\_\_\_

Church address

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Street

City, State Zip

Telephone

In your own words, tell of the positions held and your participation in various projects and activities in the church – from the local church through the district and national level. Use additional paper if needed.

ACTIVITIES AND INTERESTS

State briefly your extracurricular interests and activities (include current employment):

FINANCES

What other financial aid for next year will you receive?

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What other financial aid for next year have you applied for?

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Are there any special financial circumstances that apply to your situation?

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Will it be necessary to borrow money in order to meet your expenses?

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FINANCIAL NEEDS STATEMENT for the  
Will H. and Mary T. Morling Scholarship  
& Florence J. Brenizer Endowment  
Arthur W. Smith & Audrey F. Smith Methodist Scholarship Fund

(Confidential Information)

- Dependent Student (use parent's income)  
 Independent Student (use own income or if married, own and spouses)

Total household annual income before taxes (from most recent tax return) \$ \_\_\_\_\_

Number of children in your family (include self if applicable) \_\_\_\_\_

Number of children in your family claimed as dependents (include self if applicable) \_\_\_\_\_

Number of dependent children to be in college next year (include self if applicable) \_\_\_\_\_

Medical and dental expenses not paid by insurance (from most recent tax return) \$ \_\_\_\_\_

Emergency expenses (flood damage, etc.) \$ \_\_\_\_\_

Total market value of home \$ \_\_\_\_\_

Amount of unpaid mortgage \$ \_\_\_\_\_

What is the market value of any business or farm owned by you (or your parents if you are a dependent) \$ \_\_\_\_\_

Amount of debt owed on the business or farm \$ \_\_\_\_\_

What is the annual net profit \$ \_\_\_\_\_

Total value of bank accounts and other investments (stocks, etc.) \$ \_\_\_\_\_

Amount of Scholarships already received for coming year \$ \_\_\_\_\_

What are your anticipated educational expenses for the coming year (including fees, tuition, books, room board, miscellaneous) \$ \_\_\_\_\_

Any unusual circumstances? Please explain

**STATEMENT OF APPLICANT AND CO-SIGNERS**

We certify that all information given on this application is true, correct and complete to the best of our knowledge.

Applicant \_\_\_\_\_

Date \_\_\_\_\_

Parent(s) \_\_\_\_\_

Date \_\_\_\_\_

(If Dependent)

Return complete application and all supporting documents to the First United Methodist Church, 801 Broadway, PO Box 99, Emmetsburg, IA 50536. Deadline is Feb 15.