

APPLICATION FOR THE TROY ANDERSON GRAY MEMORIAL SCHOLARSHIP

First United Methodist Church of Eureka Springs
Eureka Springs, AR

Eligibility Requirements:

1. Must have a personal or family connection the First United Methodist Church of Eureka Springs;
2. Must plan on enrolling in the fall, of the current year, as a student in a 2-4-year college or university as an under-graduate, graduate student or in a vocational school;
3. Must return the completed application to the address below no later than April 15.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home telephone: _____ Cell telephone: _____

E-mail Address: _____

Date of Birth: _____

Academic Information and Educational Plans

High School Name _____ Graduation Date: _____

GPA: _____

[Please attach a transcript for the most recent period of schooling. If one is not available, please explain]

Post High-School Graduation Date (if applicable): _____

What field of study are you, or will you be, pursuing? _____

To what school(s) have you applied? _____

To what school(s) have you been accepted? _____

What career(s) are you considering? _____

Essays:

(Please answer each of the two questions below on a separate sheet of paper. Your essays should be no longer than 300 words each.)

1. What values do you believe are most important in life? How do you uphold those values in your daily life? Please give specific examples.
2. What talents or gifts has God given you that you can better develop or use with your educational plans?

Certification:

I hereby certify that the information provided in this application is true and correct to the best of my knowledge. I have not knowingly withheld or misstated any facts or circumstances that would be relevant to the consideration of this application. Further, if awarded scholarship aid, I confirm that all funds received will be spent on required expenses at the school I attend.

Applicant Signature

Date

Letter of Recommendation:

Please use the attached form to request a letter of recommendation from someone who knows you well. The reference may not be a family member.

Name of Reference: _____

Reference Phone Number: _____

Please return the completed application no later than April 15 to:

First United Methodist Church of Eureka Springs
Attn: Endowment committee
195 Huntsville Road
Eureka Springs, AR 72632
(479) 253-8987
esfumc@sbcglobal.net

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LETTER OF RECOMMENDATION

Applicant Name: _____

Student: Please provide this sheet to the individual who will provide a Letter of Recommendation for you.

The person above is applying for a scholarship that recognizes individuals who exemplify Christian values in their everyday life. In the space below or on a separate sheet, please provide a letter of recommendation that indicates both how you know the applicant and how you have witnessed him or her living a life guided by the values of his or her faith community. The information you provide will be considered confidential. *Please send your letter directly to the address shown below.*

Name of Reference: _____

Signature: _____ Date: _____

Address: _____

Phone Number: _____ Email address: _____

Please return this form and any attachments to the following address no later than April 15:

First United Methodist Church of Eureka Springs

Attn.: Endowment committee

195 Huntsville Road

Eureka Springs, AR 72632

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Describe your connection to the First United Methodist Church of Eureka Springs:

Do you plan on working while in school?:

ACTIVITIES AND SERVICE: For the following categories, please list all service and activities you have participated in during your high school and/or any post-high school years. Please be as specific as possible. Include leadership positions, dates of participation and any special honors you have received. You may attach additional pages if necessary.

School Activities:

Church Activities:

Community Service:
