

Application for Solon United Methodist Church Permanent Endowment Scholarship

Please print or type. Submit the completed form to the Office Administrator at the Solon United Methodist Church.

APPLICANT INFORMATION

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone : _____ Email: _____

EDUCATION

Name of High School: _____ Graduation Date: _____

Name of College: _____ Date of College Enrollment: _____

Address of College: _____

ACTIVITIES

Church Activities:

Community and Service Activities:

School Activities:

Student Signature

Date