

GUIDELINES

**First United Methodist Church
Giddings, Texas**

Scholarship Fund

1. Winners shall be determined by the Scholarship Committee of First United Methodist Church, Giddings, Texas.
2. All applicants shall be members of First United Methodist Church and/or a Giddings High School graduating seniors.
3. All applicants must complete all forms requested by the committee.
4. Scholarships shall be available for both professional and vocational training pursuits.
5. Scholarships are to be made payable to the institution. Recipients shall provide to First United Methodist Church – Giddings, the registrar's address and any further information required for payment to be made to the school.
6. Scholarships shall be awarded as two one time grants up to \$500 (funds permitting) to the school of the recipients choice.
7. The committee shall consider the following criteria in making their determinations:
 - A. Economic need
 - B. Community involvement
 - C. Academic potential
 - D. Church Activity
8. Forfeited scholarship funds shall be available for future awards.
9. Any exception to the guidelines must have approval of the Scholarship Endowment Committee.
10. Scholarship awards will be made from the available receipts of the permanent Scholarship Endowment Fund and awarded as funds are available.

Due: April 1, 2021

APPLICATION

First United Methodist Church
Giddings, Texas

Scholarship Fund

Name _____

Address _____

City/State/Zip _____

Telephone No. _____

Parent's Name _____

Complete biographical information below.

- I. EXTRACURRICULAR ACTIVITIES. This includes participation in athletics, clubs, cheerleading, U.I.L. contests, etc.

- II. COMMUNITY AND CHURCH ACTIVITIES.

- III. ACADEMIC ACCOMPLISHMENTS. This includes types of courses taken, membership in special programs (for example, Gifted/Talented Program)

- IV. ESSAY. Hand write or type a one page essay that includes an introduction about yourself, your family background, your goals and aspirations for the future, economic needs, and conclude with your future plans and goals.

Financial Need—Please indicate your family’s adjusted gross income from last year’s tax return by placing a check mark in the space provided next to one of the following:

_____ Under \$25,000

_____ \$25,000 to \$49,000

_____ \$50,000 to \$74,999

_____ \$75,000 to \$99,999

_____ Over \$100,000

Total number of family members living at home: _____

Number of dependents in your parent’s family including yourself: _____

Children: _____ Ages: _____ Number attending college: _____

Other financial considerations to be noted:
