

**Scholarship Application**  
**for the scholarship**  
**given by the**  
**Arlington United Methodist church**

**Scholarship Committee**

|   |   |   |
|---|---|---|
| <b>Dedria Ashworth</b>  | <b>Bill Murphy</b>  | <b>Betsy Trembley</b>   |
| <a href="mailto:dedriaashworth@yahoo.com"><u>dedriaashworth@yahoo.com</u></a> | <a href="mailto:bbmurf2@yahoo.com"><u>bbmurf2@yahoo.com</u></a> | <a href="mailto:betsytrembley@yahoo.com"><u>betsytrembley@yahoo.com</u></a> |
| 301 South Elm,<br>Arlington, KS<br>67514                                      | 13813 W. Greenfield Rd.<br>Partridge, KS 67566                  | 16011 So. Peace Road<br>Arlington, KS 67514                                 |

ABILITY is what you're capable of doing  
MOTIVATION determines what you do  
ATTITUDE determines how well you do it

# THE ARLINGTON UNITED METHODIST CHURCH SCHOLARSHIP

## APPLICATION FOR SCHOLARSHIP BENEFITS

### A: PERSONAL DATA

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Anticipated Date of Graduation from High School \_\_\_\_\_

High School Attended: \_\_\_\_\_

Grade Point Average: (A=4, B=3, etc.) \_\_\_\_\_

**B: SCHOLARSHIP AMOUNT: Minimum \$100.00 per semester-if money is available.**

### C. EDUCATIONAL DATA

#### 1. Institution of higher learning that you expect to attend:

(a.) First choice: \_\_\_\_\_

**Have you been accepted for admission to this institution?**

Yes \_\_\_\_\_ No \_\_\_\_\_ Full Time Student \_\_\_\_\_ Part Time Student \_\_\_\_\_

Name of institution: \_\_\_\_\_

Address of Institution: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Anticipated Cost:

Tuition \_\_\_\_\_ Fees \_\_\_\_\_ Books \_\_\_\_\_ Housing: \_\_\_\_\_

**3. Date tuition is due:** \_\_\_\_\_

**4. What degree or field of study do you plan to pursue?** \_\_\_\_\_

|  | YES | NO  |
|--|-----|-----|
| Member at Arlington United Methodist Church?.....                                    | ( ) | ( ) |
| Attend Arlington United Methodist Church?.....                                       | ( ) | ( ) |
| Attend or attended Arlington Youth Group?.....                                       | ( ) | ( ) |
| Child or Grandchild of a member of the<br>Arlington United Methodist Church.....     | ( ) | ( ) |
| Child or grandchild of an attendee of the<br>Arlington United Methodist Church?..... | ( ) | ( ) |

### **REQUIREMENTS FOR INITIAL SCHOLARSHIP:**

1. A two page application for the first semester.
2. A copy of the applicant's high school transcript.

To be considered for a scholarship initially, the applicant must have a G.P.A. of at least 2.0 based on their high school transcript.

### **REQUIREMENTS FOR SCHOLARSHIP RENEWAL:**

1. Send a copy of the prior semester's transcript from the post secondary school, which the person attends to the scholarship committee.

To be considered for renewal of the scholarship, the applicant must have at least a 2.5 G.P.A. from their post secondary school.

### **SELECTION OF APPLICANTS:**

1. (a) Consideration for scholarships will be given to the graduating seniors who are members/or attend the Arlington United Methodist Church.  
  
(b) Trade School/Vocational Schools/or college students who have attended the Arlington United Methodist Church will be given considerations for scholarships after the graduating senior high school students if money is available.
2. (a) The children and grandchildren of members and or those who attend the Arlington United Methodist Church who are graduating senior high school students will be considered for scholarships if money is available.  
  
(b) The children and grandchildren of the members of the Arlington United Methodist Church who are college students will be considered for scholarships after all of the above, if money is available.
3. (a) Any graduating senior from Fairfield High School will be considered for scholarships, if money if available.

EACH APPLICANT MUST SUBMIT THE FOLLOWING ADDITIONAL INFORMATION  
AND DOCUMENTS WITH HIS/HER COMPLETE APPLICATION:

1. Two letters of recommendation from instructors or administrative officials at your high school. (First time applicants).
2. A personal resume setting forth academic accomplishments and honors, extra-curricular activities, hobbies and personal interests, brief biographical information and any facts and/or circumstances showing a need for financial assistance.
3. A transcript sent directly from the high school to the Scholarship Committee showing courses taken and grades received while attending high school. An administrative official of the high school must certify this transcript as accurate. (For first time applicants)
4. All applications must be postmarked on or before April 20, 2020. Submit the scholarship application and all other information required to one of the Scholarship Committee members listed below:

Dedria Ashworth  
Box 261  
Arlington, KS 67514

Bill Murphy  
13813 W, Greenfield Rd  
Partridge, KS 67566

Betsy Trembley  
16011 South Peace Rd  
Arlington, KS 67514

Applications will be selected based upon scholastic performance, character, extent and quality of extra-curricular activities and hobbies, educational goals, probable cost of attaining educational goals, and financial need. No single factor will be determinative.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Student's signature

\*\*\*\*\*

FOR COMMITTEE USE ONLY - DO NOT WRITE IN THIS AREA

APPROVED.....AMOUNT \_\_\_\_\_

Denied \_\_\_\_\_ Reason Denied: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_