

Upper New York Annual Conference of The United Methodist Church

Undergraduate Scholarship Program Lottie Brown Grant Application Form

Name _____
First Middle Maiden Last

Home Address _____
street address city state zip code

Telephone _____ E-Mail Address _____

Mailing address
at school _____
street address city state zip code

Date of Birth (M/D/Y) _____

Married Male
Single Female

If married, name and occupation of spouse _____

If dependent on parental financial support:

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Parent(s) Address _____
street address city state zip code

Parent(s)/Spouse/Your – gross annual income _____

Total number and ages of persons dependent on that
income: _____

Name of your high school _____

College/University you attend _____

For attendance in (beginning month and year) _____

Will you attend this school the entire academic year? Yes No

If no, explain _____

Current cumulative grade point average _____

For what career are you preparing? _____

For how long have you been a full member of the United Methodist Church? _____

Give full name / address of the United Methodist Church where you are currently an active member

_____ name street address city state zip code

Pastor's name _____ Telephone _____

On a separate sheet of paper please provide your responses to the following:

1. Describe your participation in projects and activities of the church and/or community.
2. Make a statement regarding your need for financial assistance for the coming academic year.
3. Make a general statement regarding your request, including your philosophy of life, religious development, and what influenced you in selecting your career goal. Give any additional information that might be helpful.
4. Make a statement about how your intended academic studies will prepare you for a career in Christian service. Be as specific as possible.

Applicant's Signature

Date

Return this form and statements by **April 15, 2022** to:

Upper New York Annual Conference
of The United Methodist Church
Attn: Scholarship Committee
7481 Henry Clay Blvd.
Liverpool, NY 13088
Or email:
scholarships@unyumc.org

Optional Information:

What is the name of your local newspaper? _____

Your signature below confirms that you agree to allow the UNY Conference to use your picture and/or statement in print (e.g. Public Relations Materials) to promote the Scholarship Program.

Signature of recipient

Date

Print recipient's name _____