

SCHOLARSHIP APPLICATION

First-Time Applicant

Abilene First United Methodist Church
601 N. Cedar·Abilene, KS 67410 · 785-263-2623 · abilenefirstumc.org

This application must be completed in full and submitted to the church office by 12 Noon or the AHS Counselors' office by 5 p.m., Monday, April 13, 2026, to be eligible for consideration.

**Mail application to: First United Methodist Church
 Attention: Scholarship Committee
 601 N. Cedar Street
 Abilene, KS 67410**

These awards are available to individuals pursuing post-high school education, including trade schools. First consideration may be given to individuals affiliated with the Abilene First United Methodist Church, with secondary consideration made to individuals affiliated with the United Methodist Church, and then to individuals active in Christian service through other denominations.

Applications will be prioritized:

1. Members and Active Participants of Abilene First United Methodist Church
2. High School Seniors
3. Undergraduate Students
4. Graduate Students

Scholastic ability and achievement, as determined by GPA will be considered along with demonstrations of proper motivation, citizenship and good moral character.

The student must be planning to attend, or be currently attending, an accredited institution of post high school level, including a trade school.

Application Checklist

- _____ Prior recipients* must complete and submit the one (1) page application form which follows this page of instructions. (First time applicants should submit an alternative two-page application and current transcript.)
- _____ Copy of seven semester transcript.
- _____ Fifty to One Hundred Word Essay

Please retain this page for your records.

SCHOLARSHIP APPLICATION FORM

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GENERAL INFORMATION

Name: _____ DOB: ____/____/____

Application Date: ____/____/____ Class Rank: _____

High School Cumulative Grade Point Average _____ ACT Composite: _____

Address: _____

Phone: _____ - _____ - _____ Email: _____

Year of High School Graduation: _____ Marital Status: _____

Spouse's Name (if married): _____

Name of High School: _____

Father's Name: _____

Father's Employer: _____

Mother's Name: _____

Mother's Employer: _____

Number of Siblings and their ages: _____

Institution you plan to attend: _____

Course of study: _____

Projected Graduation Date: _____

PLEASE READ CAREFULLY AND SIGN

I agree that if I am selected for an award I shall use the money for educational expenses. I further agree that if I drop out of college at any time during the first semester, I will return to the Scholarship Fund the full amount I have received.

Signed: _____

EMPLOYMENT INFORMATION

What employment have you had during the last two years: _____

REFERENCES

Please provide two reference letters from a community member and a counselor or teacher.
Please list their name and phone number below. **Do not use relatives.**

Name	Phone
_____	____-____-____
_____	____-____-____

OTHER INFORMATION

Your Church Affiliation: _____

Your Church Activities: _____

Honors and awards received:

School activities and community service:

Please attach a 50-100 word essay about your future plans and dreams.