

Macedonia United Methodist Memorial Scholarship Fund Application Form

Before completing this form, please refer to the eligibility requirements.

Name _____ Age _____

Home Address _____

Name of school presently attended (or last attended)

Parents or Guardian Names

Name and address of school you plan to attend

Date you plan to begin _____

What course do you intend to pursue? _____

You are a member of _____ Church.

List all the church activities in which you have taken part,
including any offices you may have held

Please submit a letter of recommendation from your principal or superintendent and a transcript of the latest year's grades.

A personal interview with the Scholarship committee may be required. If so, you will be notified.

Return this form and attached documents to the chairman of the Scholarship Committee no later than April 30th of the year the application is made.

Gary Forristall
12173 350th Street
Macedonia, IA 51549

Applicant's Signature _____ Date _____

Parents or Guardians Singature _____

