

Springhill United Methodist Church
College Scholarship Program Application

1605 Zierdt Road, Madison, AL 35756
www.springhillumcmadison.org
(256)461-7472

Applicant's Information

Name: _____ Date: _____

Home Address: _____

Home Phone: _____ Dorm/Apt. Phone: _____

E-mail address: _____

How long have you been a member of Springhill United Methodist Church? _____

How often do you attend service? Weekly Monthly Quarterly Yearly Other Explain:

List your involvement at Springhill: _____

List 2 references and phone numbers of leaders, teachers, or ministers of Springhill who would know of your involvement, character, and/or relationship with God:

| | | | | | | |
|---------------|---|------------------|---|---------------|---|------------------|
| _____ Name | / | _____ Phone # | / | _____ Name | / | _____ Phone # |
|---------------|---|------------------|---|---------------|---|------------------|

College Information

College _____ Major: _____

School's Address _____

Registrar's Phone #: _____ Enrolling: Freshman / Sophomore / Junior / Senior (circle one)

Number of hours: ____ (12 semester or 18 quarter hours minimum)

When do you plan to begin classes: Fall / spring / summer of _____ (year)

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Attach a 1-page letter to the Springhill United Methodist Church Scholarship Ministry Team. Include in your letter: 1) Your reason for attending a College, 2) Your pursued area(s) of study, and 3) A request for scholarship funds. Mail to the address listed at the top of the application. Do not forget to review the guidelines and procedures for scholarship renewal.

Statement of Understanding: I have read the guidelines and understand that if fail to comply with the requirements set forth in this application and/or Applicant Guidelines, I may disqualify myself to receive a scholarship for the period requested.

Signature: _____ Date: _____