

Barbara Keller Scholarship
Award
Administered by First United Methodist Church,
Chanute KS (Renewal or Currently Attending College)

Please submit typed
application

PERSONAL DATA

Name: _____ Date of Birth: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

E-mail address: _____ Male ___ Female ___

ACADEMIC DATA

Name of High School: _____ Year of Graduation: _____

College/University Attendance: (Include a copy of transcript for each)
Institution Dates of Attendance Certification/Degree

Name of Institution you will be attending: _____
(Please attach letter of acceptance, if available)
Part Time Full Time

Est. #hours per semester: Summer ___ Fall ___ Spring ___

What is your intended field of study? _____

Estimated years needed to complete your degree program _____

Why do you wish to attend this college/university?

SCHOOL AND COMMUNITY
INVOLVEMENT

Are you a member of the Chanute First United Methodist Church? _____

If no, are you a member of another congregation? (If so, identify) _____

List your involvement in any church activities:

List activities and service to the community, including the years in which you participated:

List any awards, honors or recognition received, give the year(s)

List employment experience (Employer, Dates, Type of Work)

Explain which of the above experiences (participation in a particular activity, leadership position or honor received) has been most important to you?

FINANCIAL NEED

What is the approximate cost of tuition, fees, and books for your institution of choice per year?

Will you live on campus? Yes ___ No ___ If yes, describe _____

If you plan to live off campus, please describe your living arrangements.

Will you be commuting to campus? If so, note the approximate distance from your residence to the campus.

Do you plan to work during the school year? If yes, what is your plan for employment?

If there are special financial circumstances which will affect your education, please describe:

Please provide names and telephone numbers of three references the committee could contact regarding the applicants character, academic potential or community involvement (from individuals other than family members).

I hereby confirm that all information provided on this application is correct and I understand that any false information automatically disqualifies me from eligibility.

Signature of Applicant

Date

Return completed Application by March 1 to:

First United Methodist Church
Attention: Barbara Keller Committee
202 S. Lincoln Ave.
Chanute, KS 66720

or email to bkeller.fumc@gmail.com