

United Methodist Scholarship-Certification Of Church Membership ²

Student's Name: _____ Social Security Number: _____

PASTOR'S SECTION:

Confidential information to be supplied by pastor of student's home church. Mail by March 1 deadline to Office of Financial Aid, Millsaps College, Box 151150, Jackson, MS 39210-0001

Section A.

Yes No Do not know

Yes No Do not know

Yes No Do not know

Yes No Do not know

Yes No Do not know

Yes No Do not know

Does the applicant need financial assistance?

Are the parents able to assume full financial responsibility for the education of the applicant?

Does the applicant have leadership ability?

Is the applicant interested in being of professional service to the church?

Do you know of any reason why the applicant should not be awarded a United Methodist scholarship?

Did (or will) your church observe United Methodist Student Day this year?

Section B.

You may provide additional information that would guide the awards committee in determining the financial need of the applicant and whether the applicant is one who will help undergird The United Methodist Church now and in the future. Please use space provided.

Section C.

This is to certify that _____
name of applicant has been a member of The United Methodist Church

for at least one year and is presently a member of _____
name of home church

Mailing Address of Church: _____

Annual Conference: _____

Signature of Pastor: _____ Date: _____

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This form must be received by March 1st deadline.