

**Harris United Methodist Church
The Christian Education Scholarship Program
Application Form**

Email & DUE no later than: April 30, 2017 to: cherylyamamoto@gmail.com

SUBJECT: Christian Education Scholarship Program

Please type or print legibly in black ink:

Name of applicant	Age	Birthdate / /
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Mailing Address	City /State	Zipcode
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(h) Phone	(c)	Email
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High School	Mo./yr. high school diploma or GED received
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Name of Educational Institution currently attending	Current year in college (fresh.-Sr. undergrad. or graduate)
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Major	Degree anticipated	Expected graduation month/year
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Please list the names and information of those who have submitted letters of recommendation on applicant's behalf:

Name	Address	Phone
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Name	Address	Phone
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I have completed this application with the most updated information and to the best of my knowledge.

Signature of Applicant	Date
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- This completed application must be accompanied by the following:
1. Current or most recent academic transcript.
 2. Two (2) letters of recommendation, one (1) of which is from the Pastor of your United Methodist Church.
 3. One page personal statement indicating the following:
 - a. applicant's career plans & objectives,
 - b. current activities, contributions, past or present participation/involvements that help applicant in pursuing the career objectives.