



ROCKFORD UNITED METHODIST CHURCH

159 Maple Street NE, Rockford MI 49341 | (616) 866-9515

Office: office@rockfordumc.org | rockfordumc.org

Scholarship Application Form

Student Name _____ Parent(s) Name _____

Address _____

Phone(s) _____ Date of Birth _____

Email Address _____

College(s) / trade school(s) being considered or currently attending:

Please give a brief statement of your current educational goals:

Church history and Involvement:

How long have you been attending Rockford UMC? _____ Member? (Taken
classes and joined church) yes / no (please circle)

List areas / activities in the church in which you have been involved: _____

List additional community activities in which you have been involved:

Employment information _____