

## **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  | Date of Birth   |
| City / Zip   | Phone(s)  |
| Email Address  |   |
| College(s) / trade school(s) being consi                               | dered or currently attending:   |
| Please give a brief statement of your current educational goals:       |   |
|  | How long have you been attending Rockford sen classes and joined church) (yes / no) |
| List areas / activities in the church in which you have been involved: |   |
|  |   |
|  |   |
| List additional community activities in                                | which you have been involved:   |
|  |   |
| Employment information   |   |