Macedonia United Methodist Memorial Scholarship Fund
Application Form

Before completing this form, please refer to the eligibility requirements.

Name_____ Age_____

Home Address_____

Name of school presently attended (or last attended)

_____

Parents or Guardian Names

_____

Name and address of school you plan to attend

_____

Date you plan to begin_____

What course do you intend to pursue?_____

You are a member of _____ Church.

List all the church activities in which you have taken part,
including any offices you may have held

_____

_____

_____

_____

Please submit a letter of recommendation from your principal or superintendent and a transcript of the latest year's grades.

A personal interview with the Scholarship committee may be required. If so, you will be notified.

Return this form and attached documents to the chairman of the Scholarship Committee no later than April 30th of the year the application is made.

Gary Forristall
12173 350th Street
Macedonia, IA 51549

Applicant's Signature_____ Date_____

Parents or Guardians Singature_____