



The United Methodist Church

Box 188, 306 Evans St., Macedonia, IA 51549-0188
Church Office (712)486-2266
Parsonage (712)486-2245

Macedonia United Methodist Memorial Scholarship Fund Reapplication Form

Name _____ Date _____

Parents or Guardian Names

Current Address _____

If this is **not** the address where you want the scholarship sent, please list it.

You are a member of _____ Church.

Are you a full-time student at the following school? _____

Name of school presently attending

What course do you intend to pursue? _____

List the activities in which you have taken part in the last year.

Please submit a current resume and/or unofficial transcript of the grades showing maintenance of a 2.5 GPA on a 4.0 scale.

Return this form and attached documents to the chairman of the Scholarship Committee,

Gary Forristall
12173 350th Street
Macedonia, IA 51549

no later than April 30th of the year the application is made.

Applicant's Signature _____