EVERETT LEE TAYLOR MEMORIAL SCHOLARSHIP APPLICATION THE FIRST UNITED METHODIST CHURCH 275 NORTH HALCYON ROAD ARROYO GRANDE, CA 93420 (805)481-2692

PURPOSE, GUIDELINES, AND REQUIREMENTS

PURPOSE AND GUIDELINES: The purpose of this fund is to help deserving United Methodist students, enrolled in fully accredited colleges, universities, and technical schools, defray the cost of their education. Only students who are active *participants* (or have been active *participants*) of the First United Methodist Church of Arroyo Grande are eligible to apply. Students may apply more than once for this scholarship, but first-time students will be given priority.

TO QUALIFY, APPLICANTS MUST MEET AND COMPLETE THE FOLLOWING REQUIREMENTS:

- 1. Be a **full-time** college, university, or technical school student for the academic year for which the award is granted.
- 2. Applicant must have been an active participant of the First United Methodist Church of Arroyo Grande prior to application.
- 3. If a high school senior, attach a copy of the high school transcript.
- 4. **Former recipients,** in addition to completing the application, must attach the following items:
 - 1. Transcript of work taken at college/university/technical school with a <u>minimum GPA</u> of 2.5.
 - 2. A one-page (minimum) statement of your college experiences, goals, and activities.

ADDITIONAL INFORMATION:

- 1. These applications are available online or from the church office, beginning in March.
- 2. The completed application, together with the required attachments, must be returned to the church office by **May 15th**.
- All scholarship recipients will be formally introduced to the congregation in June.
 During this time, each recipient will briefly talk about his/her educational plans for the coming year.
- 4. Checks will be mailed to each recipient in August/September after recipient provides the ELT Scholarship Committee with proof of fall enrollment, i.e., class schedule or paid fees receipt.

REV. 3/21

EVERETT LEE TAYLOR MEMORIAL SCHOLARSHIP APPLICATION

APPLICANT'S NAME	DATE
(Please print or type clearly.)	
NAME OF PARENT/GUARDIAN	
HOME ADDRESS	
(Street) (City) (Zip)	
HOME PHONE	CELL PHONE
EMAIL ADDRESS	
I am currently enrolled as a	
Name of School	
This fall I plan to attend as a	year student at the following school:
Name of College or Technical School	
I am seeking financial assistance under the term	
MEMORIAL SCHOLARSHIP FUND listed on the co	•
_	ion of my education. I also understand that the nd I will not have to pay back any funds received
if used for school-related expenses at the above	
APPLICANT'S SIGNATURE	DATE
Please return this completed form to the	e church office by May 15 th .

First-time recipients need to also attach the following:

- 1. Two letters of reference, one of them from a church staff member
- 2. A one-page (minimum) statement of your educational goals and activities
- **3.** A copy of the high school transcript (if a high school senior).

Former recipients need to also attach the following materials:

- 1. Transcript of work taken at college/university/technical school showing a min. 2.5 GPA
- 2. A one-page (minimum) statement of your college experiences, goals, and activities. Rev. 5/18