



Campus/FUMC College Ministry Event Scholarship Application

Directions: Please complete this application honestly and in its entirety. Applications with missing information will not be considered for a scholarship. **Please print clearly and use an additional sheet of paper if needed.** Once completed return this application to: **First United Methodist Church; Attn: Todd Vick; 200 N. 15th Street; Fort Smith, AR 72901.**

Student's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ School Classification: Freshman Sophomore Junior Senior
(please circle one)

Name of School _____

Name of Event _____

Date of Event _____ Cost of Event \$ _____.

Amount you will be able to pay \$ _____.

Please describe your involvement with The Bridge or First UMC College Ministry _____

Why do you believe it is important for you to attend this event _____

Please describe your need for scholarship assistance in as much detail as possible _____

Are you a member of First United Methodist Church of Fort Smith, AR ____ Yes ____ No

If not, where do you normally attend? _____

By my signature I attest that by my best knowledge the information contained in this application is true of me. I understand that this information may be shared with members of the First UMC staff, other committees of First UMC that may provide oversight, funding or approval.

Signature _____ Date _____

Office Use Only

Approved: ____ Yes ____ No Amount \$_____.____ Date _____

Approved By _____

Title _____