

APPLICATION
SUZANNE ELAINE SHAW MEMORIAL SCHOLARSHIP
First United Methodist Church
100 Mount Salus Road, Clinton, MS 39056

FULL NAME _____

OCCUPATION _____

PERMANENT ADDRESS—STREET _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER (at permanent address) (_____) _____

ADDRESS WHILE IN SCHOOL _____

PHONE NUMBER (at school address) (_____) _____

MALE ___ FEMALE ___ DATE OF BIRTH _____ MARRIED ___ SINGLE ___

IF MARRIED, SPOUSE'S NAME _____

SPOUSE'S OCCUPATION _____

YOUR SOCIAL SECURITY NUMBER _____

NAME AND ADDRESS OF COLLEGE/UNIVERSITY _____

PRESENT ACADEMIC STATUS FR___ SOPH___ JR___ SR___ GRAD___ OTHER___

ARE YOU A FULL-TIME DEGREE CANDIDATE? _____

FOR WHAT DEGREE? _____

ARE YOU AFFILIATED WITH FIRST UNITED METHODIST CHURCH CLINTON? ___

CHURCH MEMBERSHIP _____

WHAT IS YOUR INTENDED VOCATION? _____

PARENTS' NAMES _____

PARENTS' ADDRESS _____

PARENTS' PHONE NUMBER (_____) _____ (_____) _____

(CONTINUED ON REVERSE SIDE)

GIVE IN YOUR OWN WORDS YOUR REASON FOR CHOOSING THIS VOCATION

FOR YOUR LIFE-CALLING: (OR ATTACH A SEPARATE SHEET) _____

ENDORSEMENT OF THE SCHOLARSHIP COMMITTEE:

We hereby certify that we have reviewed this application and recommend that the grant in the amount of \$_____ be granted in keeping with the rules and regulations of the Mississippi Methodist Foundation and the Suzanne Shaw Scholarship declaration.

REMARKS _____

DATE _____

SIGNED:

Representative for Shaw Family

Pastor

Board of Trustees Chairperson

Administrative Board Chairperson

College Ministries Chairperson

Education Chairperson

CRITERIA FOR AWARDING SCHOLARSHIP:

1. The scholarship will be offered first to members of First United Methodist Church or children of members of First United Methodist Church and then to others who are active in the programs of First United Methodist Church.
2. The scholarship will be limited to persons pursuing degrees in the health related fields or full-time Christian vocations and will be awarded on or about August 1 of each year beginning in 1989.