McClure Education Scholarship: Undergraduate Application

This scholarship is for qualifying church members who are pursuing an undergraduate degree in education with the intent of going into the vocation. Please fill in the following sections for consideration.

Applicant Information

Full Name: _____ Date: _____

Address:

_____

Street Address Apartment /Unit #

_____

City State Zip Code

_____

Phone:_____

Email:_____

CRITERIA FOR SCHOLARSHIP

Please place a check in the boxes below if applicable.

❑ I am an active member of Acworth United Methodist Church.

❑ I am a rising junior or above this coming fall.

❑ I am currently enrolled in an accredited college.

❑ I am pursuing an undergraduate degree in Education and plan to enter the field.

EDUCATION INFORMATION

Name of Current College:

_____

Credit Hours earned:_____
Current GPA: _____
Major: _____

Have you been accepted into an accredited College of Education?
_____

Name & Location of High School:
_____

High School Graduation Date: _____

Cumulative GPA: _____

HONORS & EXTRACURRICULAR ACTIVITIES

Please list any honors & extracurricular activities from high school/college. You may add additional pages.

CHURCH ACTIVITIES

Please provide areas of current or past involvement at AUMC. Additional documentation may be attached.

NEED for SCHOLARSHIP

Please explain your need for scholarship monies below. Attach additional page, if needed.

ESSAY PARAGRAPH

Describe the most influential teacher you would like to emulate OR describe the teaching methods you would utilize as a future teacher. Explain why these methods would be your choice?

EMPLOYMENT INFORMATION

Provide employment experience for the last 3-5 years. You may attach an additional page if needed.
Position: _____ Years worked: _____

Employer Name & Address:
_____

Reason ended:
_____

Position: _____

Years worked: _____

Employer Name & Address:
_____

Reason ended:
_____
_____

REFERENCES

Please provide the name, address, phone number, and relationship of two people who will recommend you for this scholarship. You must receive their written recommendations and attach them to this form before submitting.
Name: _____

Phone number: _____

Address:
_____

Email: _____

Relationship:_____

Name: _____

Phone number: _____

Address: _____

Email:_____

Relationship: _____

CONSENT & WAIVER

I, _____, hereby certify that the information I have provided on this application is true and correct. I authorize this church to verify the information I have provided on this application by contacting the educational institutions, references and employers I have listed. I authorize the references and employers listed in this application to give you whatever information they may have regarding my character and educational background and need up on which I base my application. Furthermore, I waive any rights I may have to confidentiality. I have read this waiver and the entire application, and I am fully aware of its contents. I sign this consent freely and under no duress or coercion.

Signature of Applicant: _____

Date: _____

Witness: _____

Date: _____

CHECKLIST

❑ Information completed as requested with extra pages as needed?

❑ Two recommendations attached?

❑ Essay paragraph for scholarship attached?

❑ Completed by DEADLINE: _____