

UNITED METHODIST WOMEN
(D/B/A UNITED WOMEN IN FAITH)
NORTHERN ILLINOIS CONFERENCE

GRADUATE EDUCATIONAL SCHOLARSHIP APPLICATION

Name _____ Date _____
Last First M.I.

Present Address _____
(Street) (City/State) (Zip Code)

Telephone(s) _____

Email Address _____

Single _____ Married _____ Number of Children _____ Ages _____
(Please check one)

Spouse's Name _____ Occupation _____

Your Graduate School _____

Address _____
(Street) (City/State) (Zip Code)

Date of Graduate School Enrollment _____ Expected Graduation _____

Vocational Goal _____

Indicate Past and Present Participation in Church _____

Present Church Membership _____

Pastor's Telephone Number _____

*Essay: Include a 200-word essay of important information you would like to share with the Grant Committee.
Use an additional sheet to describe.*

Signature _____ Date _____

For Office Use Only

Date Completed Application Received _____

Date Reviewed by Committee _____

Committee Decision: Approved _____ Not Approved _____

Date Applicant Notified of Decision _____