Adult Studies United Methodist Scholarship Application

*Award Amount: 20% of tuition for full-time students, Fall and Spring only**

Please type or print in black or blue ink all information.

Year Applied For:

_____

Requirements of this scholarship are as follows:

1. Student must be a member of a United Methodist church within your State's perspective Conference of United Methodist Churches.
2. Complete scholarship application.
3. Letter of Recommendation from your Pastor

Applicant's Full Name: _____
LAST NAME FIRST NAME MIDDLE INITIAL

NCWU ID Number: _____ Date of Birth: ____/____/_____

Permanent Address:

_____
STREET ADDRESS

_____
CITY STATE ZIP CODE

_____ _____
Phone E-Mail Address

Name of United Methodist Church Membership Attending:

_____

Pastor/Minister's Name:**_____

Student Signature: _____

This scholarship is designed for students who are members and attend a United Methodist Church affiliated with the North Carolina Conference of the United Methodist Church.

* Full time status is equal to 12 or more semester hours per semester

**** Please attach a letter of recommendation from your pastor in order to be considered for this type of scholarship.**

Please return this form and all requested documentation by one of the following means:
Take to your campus Financial Aid Office, mail to Financial Aid Office, 3400 N. Wesleyan Blvd, Rocky Mount, NC 27804 fax to 252-985-5109 or email to financialaid@ncwu.edu.