Office of Financial Aid

United Methodist Scholarship Application

Annual Award Amount: $2,000

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:

_____

Pastor's Name: _____

Student Signature: _____

Once completed, please submit all your information to North Carolina Wesleyan as follows:

By Email
NC Wesleyan University
Financialaid@ncwu.edu

By Mail
NC Wesleyan University
Office of Financial Aid
3400 North Wesleyan Blvd.
Rocky Mount, NC 27804

By Fax
Office of Financial Aid
(252) 985-5109