



Financial Aid

**UNITED METHODIST SCHOLARSHIP APPLICATION
For Virginia Conference Members**

Please print the following information:

NAME: _____
Last First Middle

HOME ADDRESS: _____
Street City State Zip Code

TELEPHONE NUMBER: _____ INTENDED MAJOR: _____

S.U. ID NUMBER: _____

Shenandoah University offers scholarships to full-time undergraduate students who have been members in good standing of the Virginia Conference of the United Methodist Church for at least one year. To qualify for the scholarship, please have your minister complete the certification below and return it to the Financial Aid office at the address below. This scholarship may be awarded for a total of four years.

I hereby certify that _____ is a member of the Virginia Conference of the United Methodist Church and has been a member of this local church since _____.

Name of Church: _____

Church Address: _____

District: _____

Conference: _____

Comments concerning applicant's role and participation in church activities: _____

Minister's name: _____ Date: _____
(Print/Sign)

If student's parent or spouse serves full-time, under the appointment of the Bishop in the Virginia Conference of United Methodist Church, please check here. _____