LTUMC Scholarship Information Sheet for Reapplication

| Name | |
|---|-------------|
| Home Address | |
| Phone numbers (home)(cell) | |
| Your email address: | |
| School Name and Your Campus Address | |
| Student ID# | |
| Circle the year you are applying for: Fr. Soph. Jr. Sr. 5+ What is your expected course of study and expected date of graduation: | |
| Please provide the <u>full</u> Address for the Student Finance Office where we will mail | your check: |
| Important date for compliance-When is payment due? | |

Please attach on another sheet a required few paragraphs in which you discuss:

- 1. Your higher education experiences to date along with your education and your career goals
- 2. How your expectations about your course of study/college days have changed
- 3. Do you have a LTUMC partner? How might that partner better help you in your educational quest?
- 4. What can we as a church family do for you?

We need a copy of your official transcript at the end of your current or last completed semester.

Mail, postmarked by May 25, of this year to:

Lake Toxaway United Methodist Church Attn: Scholarship Committee P.O. Box 83 Lake Toxaway, NC 28747