

BELMONT UNITED METHODIST CHURCH

2701 SOUTH SMITHVILLE ROAD

DAYTON, OHIO 45420

ATTENTION: APPLICATION FOR STUDENT AID ENDOWMENT FUNDS COMMITTEE

APPLICANT'S NAME: _____

HOME ADDRESS: _____

TELEPHONE/CELL NUMBER: _____ EMAIL: _____

CRITERIA FOR ELIGIBILITY:

PLEASE INDICATE YOUR CURRENT INVOLVEMENT WITH BELMONT UNITED METHODIST CONGREGATION:

SCHOOL CURRENTLY ATTENDING: _____

PAST HIGH SCHOOL CLASS: FRESHMAN _____ SOPHOMORE _____ JUNIOR _____

SENIOR _____ GRADUATE STUDENT _____ OTHER _____

NAME OF POST HIGH SCHOOL LEARNING INSTITUTION TO WHICH YOU HAVE COMPLETED ENTRANCE AND ACCEPTANCE REQUIREMENTS. _____

INDICATE STUDENT STATUS, INDICATE YOUR NUMBER OF HOURS SEMESTER OR QUARTER:

_____ HRS/ SEM. _____ HRS/QUART. COMING ACADEMIC YEAR

MAJOR FIELD OF STUDY AND DEGREE YOU HOPE TO OBTAIN: _____

CAREER GOAL FOLLOWING GRADUATION: _____

EMPLOYMENT DURING THE COMING ACADEMIC YEAR: _____

ESTIMATE, AS BEST YOU CAN YOUR EXPENSES FOR THE COMING ACADEMIC YEAR:

TUITION _____

ROOM & BOARD _____

OTHER EXPENSES (BOOKS, SPEC. FEES, ETC.) _____

TOTAL: _____

THE STUDENT AID ENDOWMENT FUNDS COMMITTEE REQUESTS A TRANSCRIPT OF YOUR MOST CURRENT GRADES (*see note) AND LETTER OF REFERENCE FROM A TEACHER, COUNSELOR OR SUPERVISOR/SCHOOL OFFICIAL: _____

SIGNATURE OF APPLICANT: _____

ADDRESS _____

DATE _____

***Note: If the student was a BUMC Student Aid grant recipient previously, a copy of most recent grades is sufficient.**

REMARKS: RETURN COMPLETED FORM:

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CHURCH OFFICE TELEPHONE: (937) 254-1788

EMAIL: bumc@bumcdayton.org

APPLICATIONS ARE DUE BY SUNDAY July 15, 2018.

Revised 2018