**BORROWED DREAMS SCHOLARSHIP APPLICATION**

First United Methodist Church

321 West Grant Avenue

Ulysses, KS 67880

620-356-1227

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College or Technical School you are/will be attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you lost a family member? Yes No

If yes, please provide name, relationship and date of loss. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Extra Curricular/Work Activities you have participated in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please include with your application:

1. Written narrative explaining your need for assistance.
2. Written narrative explaining your goals/dreams for the future. How will this scholarship assist you in achieving your goals/dreams?
3. Copy of current transcript.
4. Two letters of reference.

Applications must be postmarked or received at the above address by April 1st .

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BORROWED DREAMS SCHOLARSHIP**

This scholarship has been created by the Borrowed Angels Parent Support Group in memory of Julia Alcala, Victoria Dowell, Myranda Mason, Veronika McDaniel & Shynia Randles to help those who have endured close family loss. The scholarship will be administered through the First United Methodist Church Scholarship Committee.

Eligible applicants: Any student who has or will be graduating from high school in the year of application and enrolled in undergraduate studies for the following semester.

Additional eligibility: Students enrolled in undergraduate studies or master’s or doctorate degree programs if all other eligibility criteria are met.

Additional Eligibility Requirements:

1. Student/family of student have been affected by the loss of a sibling or other close family member.
2. Demonstrate a need for assistance in continuing education
3. Participating in extracurricular activities or work-related responsibilities during the school year.
4. Completed application submitted by the deadline

The loss of a family member is not an absolute requirement for consideration of funds through this scholarship. However, all applicants who have lost a sibling will be presented with a minimum of $200 in scholarship funds.

Scholarship proceeds will be paid to the recipient once the student provided enrollment information to the church office. Awards in excess of $300 will be paid in equal installments for the fall and spring semesters.