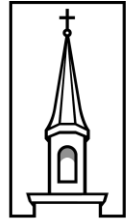


CALIFORNIA HEIGHTS UNITED METHODIST CHURCH  
3759 Orange Avenue, Long Beach, CA 90807-4228  
www.calheightsumc.org  
(562) 595-1996



**REECE & REECE SEYMOUR MEMORIAL SCHOLARSHIP  
JAMES T. STARR MEMORIAL SCHOLARSHIP  
BAKER MEMORIAL SCHOLARSHIP**

**SCHOLARSHIP APPLICATION**

**Return application:**

By regular mail to:

California Heights United Methodist Church  
Scholarship Committee  
3759 Orange Avenue  
Long Beach, CA 90807-4228

Or email to:

office@calheightsumc.org

**Completed application and  
required documents must be  
submitted by the due date or your  
application will not be considered.**

**Due Date: June 05, 2025**

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:

1. \_\_\_\_\_  
Name
2. \_\_\_\_\_  
Home Address City, State Zip
3. \_\_\_\_\_  
Area Code/ Phone Number Email Address
4. Please state why you are applying for a scholarship.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. What college or university will you be attending in the fall?  
\_\_\_\_\_

6. Please state your general need for a scholarship.

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7. Please share with us how you see yourself using the degree you plan to complete.

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8. Are you actively involved in the United Methodist Church? Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_  
Name of church

\_\_\_\_\_  
Address of church

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Name of Pastor

\_\_\_\_\_  
Area Code/ Phone Number

TO THE SCHOLARSHIP COMMITTEE:

I hereby apply for a scholarship and in support of this application, I submit the preceding and attached information and certify it to be true.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Office Review	
	Date Received
Application	_____
Transcript	_____
Church-Related Recommendation	_____
Academic-Related Recommendation	_____