

**TRINITY UNITED METHODIST CHURCH SCHOLARSHIP
RENEWAL APPLICATION**

Deadlines: The 15th of July – The 15th of January

Name _____

Address _____

Phone and email _____

Current Higher Education Institute _____

Major area of study _____

Estimated date of completion of degree or certificate _____

I have included the following documents with this application:

_____ A copy of my transcript or equivalent document to show progress in program

_____ Proof of enrollment for next term

Return this application with documentation to the church office by the appropriate deadline listed above.

Signature of Applicant _____ Date _____

Return Form to:

**Trinity United Methodist Church
PO Box 9
4th and Rollins
Moberly, Mo. 65270**