

Edinboro United Methodist Church

Scholarship Application Instructions

Our scholarship team is ready to award two \$500 grants to persons who are pursuing education or training beyond the high school level. If you are a full-time student and have completed at least two semesters of course work (as defined by an accredited institution or at least 25% of your training in a specialized program), we invite you to apply. If you have any questions regarding eligibility, please contact Debbie McElroy at: macidpa@aol.com.

In particular, we are looking for persons with an academic record reflecting potential and motivation for success in their field. We also want recipients to be involved in church and community service so to demonstrate character exemplifying the principles of the Christian life.

The deadline for applying is May 31, 2026. Please contact the church office for details.

Edinboro United Methodist Church
Educational Award Application

1. Name _____
 2. Email: _____ Contact number: _____
 3. School you are attending OR Training program in which you are enrolled . _____

 4. Projected graduation date OR completion of program date. _____
 5. Current GPA AND current transcript (copies acceptable). We may require additional information prior to awarding scholarship. _____
 6. ON A SEPARATE SHEET OF PAPER...Please describe your class level in college OR your status in your current training program. Also include your major/area of vocation (Keep in mind that you **MUST HAVE COMPLETED** 2 semesters in an accredited institution and/or 25% of training in your specialized program)
 7. ON A SEPARATE SHEET OF PAPER...Please describe your activities beyond the classroom.
 8. ON A SEPARATE SHEET OF PAPER...Please describe how you are demonstrating that your faith is important to you/how are you living a Christian life?
 9. *Knowing we desire to award persons who demonstrate a life built on Christian Values. Please include the name of a reference person who would recommend you for this scholarship.*
Name of Reference _____
Relationship to you _____
Best contact information for reference _____
How did you hear about this scholarship? _____
- Signature _____ Date _____

PLEASE PRINT/TYPE ANSWERS LEGIBLY
Your signature verifies the accuracy of your information.

Return by May 31, 2026 to: ATTN: Scholarship Committee,
Edinboro UMC
P.O. Box 764,
Edinboro, PA 16412

(Revised: April 2026)