# <u>The Milton and Janie Jordan</u> <u>Memorial Scholarship</u>

Scholarship Application

The Milton and Janie Jordan Memorial Scholarships are given annually to deserving high school graduates who have actively participated in the Mason FUMC High School organization and desire to continue their education at a church-affiliated post secondary institution of choice in Texas. Scholarships are awarded on the basis of academic performance, achievements in extracurricular and church-related activities, community service, citizenship, and financial need.

#### PLEASE TYPE OR PRINT:

Full Name	Social Security#				
Mailing Address Physical or P. O. Box		City		State	Zip Code
		City		State	Lip Coue
Phone #		_Date of b	oirth		
ACADEMIC					
High School (s) Attended					
Graduated Date	SAT: Ve	erbal	_ Math	ACT	·
Class Rank at end of Senior Year:o	ut of Gra	ade Àvera	ige:		
Institution you will attend and reason for	your selection:				
Probable Major or Area of Study					
EXTRACURRICULAR					
List your three most significant honors and	d/or organizati	ons while	a student	in high :	school:
12		3			
Church Activities:					
Community Service:					
				····	

[	over	]

## WORK EXPERIENCE:

Jobs you have held [indicate dates]:\_\_\_\_\_

## PROVIDE A BRIEF DESCRIPTION OF YOURSELF, YOUR GOALS, OR ANYTHING ELSE YOU WANT US TO KNOW ABOUT YOU:

[You may attach an additional sheet if necessary].

#### FINANCIAL:

The Janie Jordan Scholarship is based partially on financial need. Therefore, we request the inclusion of the following estimate of funding sources during the period for which the scholarship is being requested. all application information will be kept strictly confidential.

Loans	\$ Scholarships	\$
Total Summer Savings	\$ Earnings while in school	\$
Parental Support	\$ Income	\$
Expenses	\$ Other	\$

1.)Letter of recommendation from your high school principal, teacher, or counselor and an official transcript must accompany this application.

2.)Letter of recommendation from an adult that is active in the

MYF Senior High Youth program.

3.) Most recent semester transcript.

Please attach any additional information you wish to include. Also, you will be notified of a time to appear before the FUMC Foundation Board of Directors for a personal interview.

I hereby certify that the above information is true and accurate to the best of my knowledge.

Signature of Applicant

Date

## SUBMIT THIS APPLICATION TO THE FIRST UNITED METHODIST CHURCH OF MASON BY APRIL 15<sup>th</sup> FOR FOLLOWING FALL/SPRING ACADEMIC YEAR

Mail to:	PO Box 178, Mason TX 76856
Fax to:	325-347-5289
Call:	325-347-5105
E-mail:	officemgr@fumcmason.org