

GUIDELINES FOR CLARA D. KOCH SCHOLARSHIP FOR FIRST TIME APPLICANTS

The United Women in Faith (UWIF) of the Asbury United Methodist Church, 1533 Springhouse Road, Allentown, PA, 18104, are pleased to be able to offer the Clara D. Koch Scholarship to a person who meets the requirements outlined below.

CRITERIA:

- 1. Exhibits a definite financial need at this time.
- 2. Has shown scholastic achievement. <u>Is a student in good academic standing</u> while maintaining a minimum 2.0 GPA in high school, if a pending high school graduate, or at the enrolled college/university, and has motivation for continued education.
- 3. Has qualities of leadership and good citizenship, and gives service to others.
- 4. Has been an active member and participated in the activities of either Asbury United Methodist Church, Casa del Rey United Methodist Church or St. James AME Zion Church all in Allentown.
- 5. Has a recommendation from their Director of Youth Ministries or their Pastor if a first time applicant.

Note: Financial need will be the main criteria for selection.

The application must be fully completed and returned to the church no later than Monday, April 15, 2024. Please use the following address for any mailings:

UWIF Clara D. Koch Scholarship Committee Asbury United Methodist Church 1533 Springhouse Road Allentown, PA 18104-2243

FIRST TIME SCHOLARSHIP APPLICATION

DATE:							
			ed by the Scholarshi e applicant's grades				
		Pl	ERSONAL DATA				
NAME: (Last) (F		(Firs	st)	(Middle)	(Middle)		
ADDRESS:							
DATE OF BIRT	ATE OF BIRTH: PERSONAL TELEPHONE:						
PERSONAL E	MAIL						
NAME OF PAR	RENT(S)	/GUARDIAN(S):					
ADDRESS:							
LIST BROTHE	RS AND	OR SISTERS:					
Name	Age	Married/Single	Living w/Parents	Employed	In School/College		
NAME OF HIG	H SCHC	OOL OR COLLEGE	YOU ATTEND:				
DATE/ANTICIF	ATED D	ATE OF HIGH SC	HOOL OR COLLEG	E GRADUATION	l:		
LIST ANY EXT	RACUR	RICULAR ACTIVIT	TIES, HONORS, COI	MMUNITY SERV	ICE:		

FINANCIAL DATA

FATHER'S EMPLOYER:						
(Name)						
(Phone No.)		Yearly Incom	e:			
MOTHER'S EMPLOYER:						
(Name)						
(Address)						
(Phone No.)	hone No.)Yearly Income:					
ARE YOU EMPLOYED? IF SO	O, NAME AND AD	DRESS OF E	EMPLOYER !	:		
(Name)						
(Address)						
(Phone No.)	(Hours per	week)	(Weel	kly Income)		
HAVE YOU FILED THE FAFS.	A?Ye	s	_No			
WHAT OTHER FINANCIAL AI	D HAVE YOU API	PLIED FOR?				
DO YOU HAVE A COLLEGE F	 UND ALREADY I	ESTABLISHE	 D?	Yes	No	
WILL YOU SUPPLEMENT YO	UR EDUCATION	THROUGH E	MPLOYME	NT IF:		
a. You receive a schola	rship?	Yes		_ No		
b. You do not receive a	scholarship?	Y	es	No		
EDUCATIONAL IN	ISTITUTION IN	WHICH EN	NROLLME	NT IS DESI	RED	
COLLEGE:						
ADDRESS:						
YEARLY EDUCATION COSTS	S: TUITION	HOUS	NG	BOOk	(S	
DATE PAYMENT DUE	TERM BEGINS	SH	AVE YOU BE	EEN ACCEPT	ΓED?	
WILL YOU?COM	IMUTE	STAY O	N CAMPUS		OTHER	
ANTICIPATED COURSE OF S	STUDY:					
TIME REQUIRED TO COMPL	ETE COURSE OF	F STUDY:				

State reasons for requesting this scholarship. those that would establish a financial need.	. State any facts that should be considered, particularly
Summarize your participation in church and c	community activities, including dates.
Please give a brief statement of your future g	oals.
Signature of applicant	Date
Signature of parent/guardian	Date
This application must be received by Monday order to receive consideration.	v, April 15, 2024 along with the documents listed below in
	of Youth Ministries or Pastor, for first-time applicants. of need to submit another recommendation.)
	om your high school or college/university. rectly to The Scholarship Committee – see address

Completed applications are to be received by The Scholarship Committee no later than Monday, April 15, 2024 including the transcript of the applicant's grades. Send to address below:

UWIF Clara D. Koch Scholarship Committee Asbury United Methodist Church 1533 Springhouse Road Allentown, PA 18104-2243 Or drop off in the Asbury church office Questions? Call Linda McCreight, Clara D. Koch Scholarship Chair, at 610-395-2261 or contact at UWIFscholarship@asburylv.org