

**MARY TAYLOR MEMORIAL UNITED METHODIST CHURCH**  
**KELSEY-WORLEY EDUCATIONAL FUND**

2017-2018 ACADEMIC YEAR

**RETURN TO:**

Mary Taylor Memorial United Methodist Church  
Church Scholarship Committee  
168 Broad Street  
Milford, CT 06460

1. Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number \_\_\_\_\_

2. Describe your Church and School/Community Involvement:

How long have you been a member of Mary Taylor Memorial UMC? \_\_\_\_\_

Name of your secondary school: \_\_\_\_\_

A. List your Church related activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. List your activities in your school and the community: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Academic Status and Educational Plans.

A. What is your current GPA? \_\_\_\_\_

B. List all academic awards you have received, by year: \_\_\_\_\_

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C. What school will you attend in Fall, 2017? \_\_\_\_\_

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D. Have you declared a major course of study? If so, state: \_\_\_\_\_

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E. What is the annual cost to attend this institution? Provide itemization for tuition, room and board, books, and fees: \_\_\_\_\_

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F. Have you received confirmation of, or do you anticipate, receiving financial aid? State details and amounts: \_\_\_\_\_

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G. Have you received an acceptance to this institution? If no, state reason: \_\_\_\_\_

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H. What are your career plans and goals? \_\_\_\_\_

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4. Financial Need. Describe why you desire assistance from the Church: \_\_\_\_\_

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**CERTIFICATION**

**By signing this application, the applicant and his/her parent(s)/guardian(s) certify to the Mary Taylor Memorial United Methodist Church Scholarship Committee that all information is accurate. All information will be held in confidence by the Scholarship Committee. The applicant further acknowledges that as a condition of eligibility for subsequent years' funding, he/she must achieve and maintain the grade point average specified in the attached cover letter and timely report such grades to the Scholarship Committee.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's/Mother's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's/Mother's/Guardian's Signature

\_\_\_\_\_  
Date

(All applicable must sign. If only one signature, state reason. If signed by Guardian(s), attach proof of authority.)