



P.O. Box 340005 • Nashville, TN 37203-0005 • (615) 340-7385 • (800) 810-8110  
umhiefscholarships@gbhem.org • www.umhef.org

### SEPTEMBER 11 MEMORIAL SCHOLARSHIP APPLICATION

#### CRITERIA FOR ELIGIBILITY

- Applications will be accepted for candidates who have lost a parent or guardian or have had a parent or guardian disabled as a result of the September 11, 2001 terrorist attacks; or who are direct victims disabled as a result of the September 11, 2001 terrorist attacks.
- The scholarships are restricted to either: (1) students attending one of the 123 United Methodist-related institutions in the United States, or (2) United Methodist students attending higher-education institutions in the United States.
- Applicants must be enrolled in a full-time degree program (graduate or undergraduate).
- Applicants must maintain satisfactory academic progress as defined by the institution he/she is attending.
- Applicants must be a citizen or permanent resident of the United States.

Please type or PRINT LEGIBLY. Application must be completed in full; EVERY question must be answered.

Student's full name \_\_\_\_\_  
first middle last

Student's Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Permanent Mailing Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Citizen or permanent resident of the U.S.?  Yes  No If Permanent Resident, list Alien Registration # \_\_\_\_\_

Ethnic group:  Caucasian  Asian  Black  Hispanic  Native American  Pacific Islander  Other \_\_\_\_\_

Full name of school and city/state where enrolled or planning to enroll for the upcoming scholarship year:

\_\_\_\_\_  
Name of school City/State

Academic classification during scholarship year:

Undergraduate:  Freshman  Sophomore  Junior  Senior

Graduate/Seminary:  First  Second  Third  Other \_\_\_\_\_

Degree working toward (i.e. BA, BS, MA, MDiv) \_\_\_\_\_

**Name of parent or guardian who lost his/her life or was permanently disabled as a result of the September 11, 2001 terrorist attacks.**

Deceased  Disabled, please include letter from physician attesting to disability

Washington DC  New York  Pennsylvania

## FINANCIAL STATEMENT

This statement must be completed before your scholarship request can be reviewed.

FINANCIAL AID IS REQUESTED FOR ACADEMIC YEAR \_\_\_\_\_ - \_\_\_\_\_

**INCOME AVAILABLE** for the academic year:

Personal funds (cash, savings, etc.)	\$ _____
Total summer earnings \$ _____	
Summer earnings available for school	\$ _____
Expected earnings for academic year*	\$ _____
Parental support	\$ _____
Spouse's net income, if applicable	\$ _____
Assistantships	\$ _____
Scholarships (itemize)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Grants (itemize)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Loans (itemize)	
_____	\$ _____
_____	\$ _____
Other income (itemize)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL INCOME:</b>	\$ _____

**ESTIMATED EXPENSES** for the academic year:

Tuition and fees	\$ _____
Books	\$ _____
Housing	\$ _____
Food	\$ _____
Clothing and laundry	\$ _____
Medical care	\$ _____
Transportation (itemize)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Other expenses (itemize)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL EXPENSES:</b>	\$ _____

Please note: On a separate sheet describe any unusually high expenses. (Additional itemized expenses may also be listed.) Special circumstances that may affect your financial situation should be explained.

If you are a self-supporting student, how many dependents do you have \_\_\_\_\_? Ages \_\_\_\_\_

List educational loans unpaid for prior years:

Source	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

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Please complete this section if you are a member of The United Methodist Church. Applicants attending a non-United Methodist school must be a member of The United Methodist Church (for at least one year).

Are you a member of The United Methodist Church (for at least one year)?    Yes    No

Name of church where you are currently a member \_\_\_\_\_

Church Mailing Address \_\_\_\_\_ Annual Conference \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Pastor's Name \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

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### APPLICANT'S PLEDGE

I certify that to the best of my knowledge, the information contained in this application is true and correct. I have not knowingly misrepresented or withheld any facts or circumstances that could otherwise jeopardize consideration of this application.

\_\_\_\_\_  
Student's signature/date

By filling out and signing this application, you are giving UMHEF permission to use your picture and/or statement in print (e.g. public relations materials) to promote the Foundation, and also to release your information to external church-related sources (e.g. annual conference newspapers) for possible use in publications.

**Submit this application form, along with:**

1. An official transcript (no copies) of your most recent academic work (with grades through last semester enrolled)
2. A letter from the pastor of your United Methodist Church verifying membership in that church, if you are attending a non-United Methodist school
3. A physician's letter attesting to applicant's disability, or disability of applicant's parent/guardian as a result of the September 11, 2001 terrorist attacks.
4. A copy of the institution's billing statement for the period applicant is requesting assistance
5. An official or notarized copy of applicant's birth certificate if applicant is a dependent of a direct victim of the September 11, 2001 terrorist attacks.

**Mail application and required documents to:**

United Methodist Higher Education Foundation  
Scholarship Office  
P.O. Box 340005  
Nashville, TN 37203-0005