



FOUNDATION MERIT SCHOLARS PROGRAM NOMINATION FORM

DEADLINE FOR NOMINATIONS: OCTOBER 1

United Methodist school where student will be enrolled _____

Student's Full Name _____
first middle last

Social Security # _____ Date of Birth ____/____/____ () Male () Female

Permanent Mailing Address _____
Street Address/PO Box City State Zip

E-mail address (please print) _____ Phone _____

Classification during scholarship year:

Seminary/Professional: () First Year () Second Year () Final Year

Grade Point Average _____ **ALL nominees must have a minimum GPA of 3.0 or the equivalent from their latest academic transcript**

Enrolled or enrolling full-time for the fall? _____ Degree working toward (e.g. BA, MDiv) _____

Ethnic group: () Caucasian () African American () Asian () Hispanic
() Native American () Pacific Islander () Other _____

Is this student a first generation college student? () Yes () No

Please complete the following information regarding United Methodist Church membership:

Name of the United Methodist Church where student is a member

Complete mailing address for student's church

Annual Conference in which student's church is located _____

Has the student been a member of The United Methodist Church for at least one year? () Yes () No

SCHOOL REPRESENTATIVE COMPLETE: The above-named person meets the eligibility criteria and is being nominated for the Foundation Merit Scholars Award in the amount of \$ _____ for the academic year _____.

Scholarship Representative Signature _____ Date _____

Scholarship Representative Name/Title _____
(please print)

Mailing Address _____
Street Address/PO Box City State Zip

Telephone _____ E-mail Address _____

(Student must complete reverse side)

NOMINEE TO COMPLETE AND RETURN TO SCHOOL REPRESENTATIVE:

Please make a general statement that details your philosophy of life, religious development, and what influenced you in selecting your career goal. Give any additional information that might be helpful. Attach additional pages if necessary. Please include a formal photo of the student, at least 2"x3" or larger.

Your signature below confirms that you agree to allow UMHEF 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.

Nominee name (please print)

Social Security Number

Nominee signature

Date

Students: Please do not mail this form directly to the Foundation. Please return this form to your Financial Aid Office.

School Representatives: Please mail complete nomination forms before October 1 to:

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

**E-Mail: umhefscholarships@umhef.org
Telephone: (615) 649-3974 or (800) 811-8110
www.umhef.org**

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