

## **ASBURY ENDOWMENT SCHOLARSHIP FUND**

Every scholarship applicant must be a member, or an active participant, of St. Peter's United Methodist Church or Macedonia United Methodist Church. An active participant is defined as someone who regularly attends worship, serves in at least one ministry, and participates in at least one mission initiative.

All monies will be in the form of grants, not loans. Each request for funds will be reviewed individually by a scholarship committee. Grant award amounts are determined annually by availability of funds.

Each grant will be for one school year only. Applicants may reapply each year of their undergraduate or graduate study. Grants will be for advanced accredited education beyond high school. This includes undergraduate, graduate, and professional degree, licensing, or certification programs. All grants will be paid directly to the institution of higher learning.

Each application will be reviewed as to need and merit. Need will include financial status of family and general family situation. Merit includes student initiative and church, school, and community involvement.

Application for scholarship aid must be made by June 18, 2023. Please submit your application to the church office.

**ASBURY ENDOWMENT SCHOLARSHIP FUND  
APPLICATION FORM**

NAME \_\_\_\_\_ STUDENT ID \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ CELL \_\_\_\_\_

STUDENT EMAIL: \_\_\_\_\_

SCHOOL WHERE ATTENDING FALL 2023 \_\_\_\_\_

UNDERGRADUATE      GRADUATE      PROFESSIONAL      LICENSE      CERTIFICATION  
(CIRCLE ONE)

WHAT YEAR WILL YOU BE IN? \_\_\_\_\_

FINANCIAL AID OFFICE ADDRESS \_\_\_\_\_

\_\_\_\_\_

ESTIMATED YEARLY COST FOR EDUCATION \_\_\_\_\_

FAMILY SUPPORT TO SUCH COST \_\_\_\_\_

STUDENT'S INTENDED SUPPORT TO SUCH COST \_\_\_\_\_

ALL OTHER SUPPORT AND/OR SCHOLARSHIPS GRANTED \_\_\_\_\_

\_\_\_\_\_

**ATTACH A SEPARATE ONE PAGE SHEET.** SHARE YOUR STORY. WHY ARE YOU APPLYING FOR THIS SCHOLARSHIP? INCLUDE YOUR GOALS, MERITS, NEEDS, AND CIRCUMSTANCES.

**ATTACH A SEPARATE ONE PAGE SHEET.** PLEASE PROVIDE A REFERENCE LETTER FROM AN ACTIVE CHURCH STAFF PERSON, LEADER, MEMBER, OR ACTIVE PARTICIPANT.

SIGNATURE OF APPLICANT \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_

**ST. PETER'S UNITED METHODIST CHURCH**  
501 E 8th Street  
OCEAN CITY, N.J. 08226  
(609) 399-2988