

**Saint Paul Methodist Church
Methodist Women's
Scholarship Application**

Dean or Advisor

First two lines to be completed by applicant:

Name of Student: _____

Address of Student: _____

This student is applying for a scholarship offered by our organization to a student studying in medical, social sciences, Christian church-related, or teaching program. We would greatly appreciate your assistance by answering the following questions.

The following is to be completed by Dean or Advisor:

THIS INFORMATION IS CONFIDENTIAL

1. Name of program/college: _____

2. Date this student was accepted into your program: _____

3. Is this student in good standing with your program? _____

4. Has she assumed a position of leadership? _____

If so, in what way? _____

We welcome any additional information you may wish to provide that will help us know this student. Please attach.

Please return to applicant in a sealed signed envelope. Entire application packet must be received by May 1.

Signed: _____

Dean/Advisor

Date _____