

DUTILH CHURCH SCHOLARSHIP APPLICATION

HIGH SCHOOL SENIORS: RETURN TO THE CHURCH OFFICE ON OR BEFORE APRIL 30, 2024.

Applicant's Full Name _____

Permanent Address _____ Phone # _____

City, State, Zip Code _____

High School _____ Date of Graduation _____

Date of Birth _____ Place of Birth _____

Member of Dutilh United Methodist Church since _____

Family Information

Father _____ Mother _____

Occupation _____ Occupation _____

Place of Business _____ Place of Business _____

How many siblings do you have? _____ What are their ages? _____

How many are: in Primary or Secondary school? _____ in College? _____ Adults? _____

What school will you attend? _____

Is this a (optional for consideration for Polnisch Scholarship): ****if no, leave blank****

Christian school, college, university, or seminary **-or-** Career in Christian service or hospice care

Course of study? _____

Have you applied for admission? Yes _____ No _____ Acceptance Status _____

Please write a short description of your journey to belief and how you've grown as a part of the church.

Please write a short description of your vocational intentions, and how your faith will be part of these goals and objectives.

Please briefly describe your involvement in extracurricular activities at school, as well as your involvement in community, church and service activities.

Are there any extraordinary financial needs or considerations that should be reviewed concerning your application?

Date this form was received at Dutilh Church _____