

West Virginia Wesleyan

West Virginia United Methodist Church 2024 Scholarship Application



Name of Student				
Last	First		Middle	
Student's Home Address				
	Number and Street			
City or Town	State	Zip Code	County	
Home Phone Number ()	Email	l		
High School	ation Year			
Signature of Student	t Date			
• To be completed by pastor: Please complete the following record	mmandation form on b	ahalf of the studer	t licted above	
Name of United Methodist Pastor				
Name of United Methodist Church				
	Street Address of	Church		
City or Town	State		Zip Code	
Church Telephone Number (zap couc	
Charen Telephone I vamber (_/			
West Virginia Unite	ed Methodist	Church Pa	rtnership Schol	larship
I certify that	is a confir	med member of t	ne United Methodist Chur	ch.
Date of Confirmation				
Date of Confirmation	Month/ Day/ Year			
Total amount to be given by the C	hurch:			
The West Virginia Wesleyan United Methodist Part the United Methodist Church. Wesleyan will match the College. A student's initial application for thi before May 1 each year for renewal. Students who eligible to apply for this scholarship.	the scholarship contribution do is scholarship must be submit	ollar for dollar up to \$750 ted prior to their first y	as long as the student is enrolled as a ear on campus. A separate application	full-time student at n must be submitted
Signature of Pastor			Date	-