

APPLICATION
SUZANNE ELAINE SHAW MEMORIAL SCHOLARSHIP
First United Methodist Church
100 Mount Salus Road, Clinton, MS 39056

FULL NAME _____

OCCUPATION _____

PERMANENT ADDRESS—STREET _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER (at permanent address) (_____) _____

ADDRESS WHILE IN SCHOOL _____

PHONE NUMBER (at school address) (_____) _____

MALE FEMALE DATE OF BIRTH _____ MARRIED SINGLE

IF MARRIED, SPOUSE'S NAME _____

SPOUSE'S OCCUPATION _____

NAME AND ADDRESS OF COLLEGE/UNIVERSITY _____

PRESENT ACADEMIC STATUS FR SOPH JR SR GRAD OTHER

ARE YOU A FULL-TIME DEGREE CANDIDATE? _____

FOR WHAT DEGREE? _____

ARE YOU AFFILIATED WITH FIRST UNITED METHODIST CHURCH CLINTON?

CHURCH MEMBERSHIP _____

WHAT IS YOUR INTENDED VOCATION? _____

PARENTS' NAMES _____

PARENTS' ADDRESS _____

PARENTS' PHONE NUMBER (_____) _____ (_____) _____

GIVE IN YOUR OWN WORDS YOUR REASON FOR CHOOSING THIS VOCATION

FOR YOUR LIFE-CALLING: (OR ATTACH A SEPARATE SHEET) _____

ENDORSEMENT OF THE SCHOLARSHIP COMMITTEE:

We hereby certify that we have reviewed this application and recommend that the grant in the amount of \$_____ be granted in keeping with the rules and regulations of the Mississippi Methodist Foundation and the Suzanne Shaw Scholarship declaration.

REMARKS _____

DATE _____

SIGNED:

Representative for Shaw Family

Pastor

College Ministry

Administrative Board Chairperson

CRITERIA FOR AWARDING SCHOLARSHIP:

1. The scholarship will be offered first to members of First United Methodist Church or children of members of First United Methodist Church and then to others who are active in the programs of First United Methodist Church.
2. The scholarship will be limited to persons pursuing degrees in the health related fields or full-time Christian vocations and will be awarded on or about August 1 of each year beginning in 1989. Preferential discretion will be given to upper classmen but underclassmen are encouraged to apply.