

# UNITED METHODIST SCHOLARSHIP AWARD

General Board of Higher Education and Ministry  
The United Methodist Church  
Office of Loans and Scholarships  
P. O. Box 340007, Nashville, TN 37203-0007  
E-Mail: [umscholar@gbhem.org](mailto:umscholar@gbhem.org) Telephone: 615/340-7344  
[www.gbhem.org](http://www.gbhem.org)

## NOMINATION FORM (UM)

DEADLINE FOR NOMINATION FORM TO BE IN THE NASHVILLE OFFICE: SEPTEMBER 1

1. NAME OF SCHOOL \_\_\_\_\_
2. Social Security Number \_\_\_\_\_
3. Name in Full \_\_\_\_\_
4. Permanent Mailing Address: \_\_\_\_\_  
Street Address/PO Box City State Zip+4
5. Male ( ) Female ( ) Birthdate \_\_\_\_\_ Married ( ) Single ( ) \_\_\_\_\_ Clergy Dependent? (Y) (N)  
M/D/Y
6. E-mail address (please print) \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_
7. Is student a U.S. citizen or permanent resident? \_\_\_\_\_  
If NO, of which country are they a citizen? \_\_\_\_\_
8. Classification during scholarship year: ( ) Freshman ( ) Sophomore ( ) Junior ( ) Senior
9. Hours required for full-time status at your school? \_\_\_\_\_ Enrolled full time? \_\_\_\_\_ GPA \_\_\_\_\_  
If not enrolled full time, explain reason \_\_\_\_\_
10. Major course of study: \_\_\_\_\_
11. Expected College Graduation Date (Month/Year) \_\_\_\_\_
12. Ethnic Group: ( ) African American ( ) Asian ( ) Caucasian ( ) Hispanic  
( ) Native American ( ) Pacific Islander ( ) Biracial ( ) Other  
Please indicate the ethnic community with which you most closely identify \_\_\_\_\_
13. Please complete the following information on the student's United Methodist Church membership:  
Date of confirmation/membership vows with The United Methodist Church: \_\_\_\_\_ / \_\_\_\_\_  
Month Year  
\_\_\_\_\_  
Name of the United Methodist Church where the student is a member  
\_\_\_\_\_  
Complete mailing address for the student's church  
\_\_\_\_\_  
Annual Conference in which student's church is located \_\_\_\_\_

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The above-named person is a student in good standing at this school and is being nominated for the UNITED METHODIST SCHOLARSHIP AWARD in the amount of \$ \_\_\_\_\_ for the academic year \_\_\_\_\_.

Signature of Scholarship Representative \_\_\_\_\_ Date \_\_\_\_\_

Name of Scholarship Representative (please print) \_\_\_\_\_ Position \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Street Address/PO Box City State Zip+4