



**Financial Aid**

**UNITED METHODIST SCHOLARSHIP APPLICATION  
 For Virginia Conference Members**

Please print the following information:

NAME: \_\_\_\_\_  
*Last First Middle*

HOME ADDRESS: \_\_\_\_\_  
*Street City State Zip Code*

TELEPHONE NUMBER: \_\_\_\_\_ INTENDED MAJOR: \_\_\_\_\_

S.U. ID NUMBER: \_\_\_\_\_

Shenandoah University offers scholarships to full-time undergraduate students who have been members in good standing of the Virginia Conference of the United Methodist Church for at least one year. To qualify for the scholarship, please have your minister complete the certification below and return it to the Financial Aid office at the address below. This scholarship may be awarded for a total of four years.

I hereby certify that \_\_\_\_\_ is a member of the Virginia Conference of the United Methodist Church and has been a member of this local church since \_\_\_\_\_.

Name of Church: \_\_\_\_\_

Church Address: \_\_\_\_\_

District: \_\_\_\_\_

Conference: \_\_\_\_\_

Comments concerning applicant's role and participation in church activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Minister's name: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Print/Sign)

If student's parent or spouse serves full-time, under the appointment of the Bishop in the Virginia Conference of United Methodist Church, please check here. \_\_\_\_\_