

# Helen and Leonard Pivet Scholarship Application

First United Methodist Church, 903 Third St., Wausau, Wisconsin 54403

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To be considered, this application must be completed in full. Please type or print in black or blue ink. Application and three letters of reference must be received in the church office **on or before March 1st.**

Name of Applicant: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## A. EDUCATION:

High School attended and from which you graduated or will graduate:

\_\_\_\_\_ GPA of: \_\_\_\_\_

Senior Year Class Rank: \_\_\_\_\_ of \_\_\_\_\_

Date of Graduation or GED completion: \_\_\_\_\_

List of honors or awards:

\_\_\_\_\_  
\_\_\_\_\_

## B. HIGHER EDUCATION:

Name of school you plan to attend, or are now attending:

\_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

Semester you intend to begin or continue: (circle one) Fall Spring Year \_\_\_\_\_

Intended Major: \_\_\_\_\_

Have you been accepted to this school? \_\_\_\_\_

If you are already in higher education, what is your current GPA? \_\_\_\_\_

Who else in your family has attended a school of higher education? (parents, siblings, etc.)

\_\_\_\_\_

**C. CHURCH INVOLVEMENT:**

I have been a member of First United Methodist Church, Wausau since: \_\_\_\_\_

My family has been a member of FUMC, Wausau since: \_\_\_\_\_

Using the form on the following pages, please tell us of your involvement in First United Methodist Church over the last four years.

**D. COMMUNITY INVOLVEMENT:**

Using the form on the following pages, please tell us about your leadership, service and participation in community activities over the last four years.

**E. EXTRACURRICULAR SCHOOL INVOLVEMENT:**

Using the form on the following pages, please tell us about your participation in activities sponsored by school, but outside of the classroom, such as sports, offices, clubs, activities over the last four years.

## Activity Table

Please share with the scholarship committee a complete list of your activities during your high school career. Use an (X) to indicate in which grades you participated in listed activities. Use additional space to share activities not listed. Be sure to include any leadership roles you assumed, honors or awards received in the final column.

C. Church Involvement	9	10	11	12	Leadership/Honors/Awards
Worship Services (include ushering, greeting, helping in the nursery, etc.)					
Sunday School					
Vacation Bible School					
Youth Group					
Drama					
Choir					
Bell Choir					
Band/Orchestra					
Puppet Troupe					
Mission Work					
Other (please list)					
D. Community Involvement					
Volunteer Work (please list)					
Organizations/Activities (please list)					
Other (please list)					

E. Extra Curricular School Involvement					
Clubs (please list)					
Sports (please list)					
Performing Arts (please list)					
Volunteer Activities (please list)					
Academic Honors (please list)					
Employment (please list)					

**F. STATEMENT OF RATIONALE FOR SCHOLARSHIP:**

Please use **one** separate page and attach it to this application. Explain: 1) your career goals, 2) any specific personal or family circumstances that make it necessary for you to seek aid for your education, 3) why this scholarship would be of benefit to you.

**G. REFERENCES:**

Please name **three** responsible people (teacher, employer, family friend, etc) and ask them to send a statement concerning your character, leadership and activities to the scholarship committee at the FUMC, to arrive no later than **March 1st**.

1. Name \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**H. NON-TRADITIONAL STUDENT:**

Please explain why you are now going to school or returning to school and why this scholarship would be of benefit to you. Use additional sheet if necessary:

**I. SIGNATURES**

Please sign this application, and have a parent sign if under the age of 18, before returning this application. Thank you.

Signature of applicant: \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

(if applicable)