

2004 - 2005  
CERTIFICATION OF CHURCH MEMBERSHIP

THE BOARD OF HIGHER EDUCATION AND CAMPUS MINISTRIES  
OF  
THE HOLSTON CONFERENCE OF THE UNITED METHODIST CHURCH

*Student: Complete the first two lines and then give/mail to your pastor.*

This is to advise that \_\_\_\_\_ has applied for a United Methodist  
(Name of Student)

Scholarship from the Holston Conference of the United Methodist Church.

(Confidential Information to be Supplied by Pastor)

This is to certify \_\_\_\_\_ has been a member of The United Methodist Church  
(Name of Student)

for at least one year and is presently a member of \_\_\_\_\_

Church mailing address \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

Does this student need financial assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Do not know

Are the parents able to assume full financial responsibility for the education of this person? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Do not know

Does this individual have leadership ability? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Do not know

Is the applicant interested in being of professional service to the church? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Do not know

Do you know of any reason why this person should not be awarded a United Methodist scholarship? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Do not know

Did (or will) your church observe United Methodist Student Day this year? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Do not know

If this a student you would really like the church to help, please give additional information that would guide the awards committee in determining the financial need of the applicant and whether the student is one who will help undergird The United Methodist Church now and in the future.

Signed \_\_\_\_\_  
(Signature of Pastor)

Date \_\_\_\_\_

**\*\*UPON COMPLETION OF THIS FORM, PLACE IN AN ENVELOPE, SEAL, AND SIGN ACROSS THE SEAL.  
PLEASE RETURN TO THE APPLICANT - DO NOT SEND TO HIWASSEE COLLEGE\*\***