

# Harriet B. Brown Memorial Scholarship Application

\*For education in medical field. See requirements on page 2\*

## -Pitman United Methodist Church-

*(complete sides 1 and 2)*

1. Name \_\_\_\_\_ SSN \_\_\_\_\_

2. Home Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

3. Church Membership (full name and address of church):

\_\_\_\_\_

Date of Membership (must be at least 1 year) \_\_\_\_\_

4. Describe your participation in Pitman United Methodist Church groups, activities, programs, and all other Christian activities in the past two years.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. College or Graduate School Attending \_\_\_\_\_

College Address \_\_\_\_\_

I am enrolled as a full- time student for \_\_\_\_ (state semester) \_\_\_\_\_

6. Estimated Tuition/Room and Board Expenses for upcoming academic year:

\_\_\_\_\_

7. Other Indebtedness

a. Amount: \_\_\_\_\_

b. To Whom Owed: \_\_\_\_\_

c. Purpose: \_\_\_\_\_

8. Starting Year: \_\_\_\_\_ Current Year: \_\_\_\_\_ Est. Graduation Year: \_\_\_\_\_

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9. Planned course of study (major): \_\_\_\_\_
10. Anticipated occupation/profession: \_\_\_\_\_
11. List all Scholarships, Grants or other low-interest loans awarded to or received by you AND how the funds were used:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
13. OPTIONAL Additional Information: Please provide any additional information that will assist the Student Scholarship Committee in making its decision regarding your application.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**CHECKLIST**

**Required items to be submitted with this application to:**

***Pitman United Methodist Church  
758 North Broadway Avenue  
Pitman, NJ 08071***

**Please make sure you complete all required information)**

\_\_\_ Must be pursuing a degree in LPN, RN, Respiratory Therapy, or a 4+ year medical degree.

\_\_\_ Statement on your future goals.

\_\_\_ Statement on how you expect to practice your faith in your anticipated occupation/profession.

\_\_\_ Letter of recommendation from your Church Clergy.

\_\_\_ Letter of recommendation from a non-family member focusing on applicant's character.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_