

Harriet and Marshall 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 church groups, activities, programs, and all other Christian activities in the past two years.

5. College or Graduate School Attending _____
College Address _____
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: _____

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 other 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 _____