

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 _____

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 student 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. (PUMC members may substitute letter from member of PUMC.)
- ___ Letter of recommendation from a non-family member focusing on applicant's character.
- ___ Proof of enrollment. (acceptance letter, class schedule, term bill, etc.)

Applicant Signature _____ Date _____