

ELISABETH BROWN & ROBERT STANLEY JACOBSON

SCHOLARSHIP APPLICATION

REQUIRED APPLICATION INFORMATION

NAME _____ PHONE NO. _____

ADDRESS _____

PARENT (GUARDIAN) NAME _____

ADDRESS _____

OCCUPATION: FATHER _____ MOTHER _____

AGE _____ NUMBER OF SIBLINGS _____

DO YOU NEED FINANCIAL ASSISTANCE TO CONTINUE YOUR EDUCATION? _____
IF YES, EXPLAIN ON PAGE 2

HAVE YOU BEEN AWARDED OTHER SCHOLARSHIPS? _____ AMOUNT _____

ARE YOU A CHURCH MEMBER? _____ IF YES, WHERE? _____

CLASS RANK (Choose one) _____ Top Half _____ Bottom Half _____ Unknown

HAVE YOU BEEN ACCEPTED FOR POST HIGH SCHOOL EDUCATION OR TRAINING IN AN
ACCREDITED SCHOOL? _____

NAME OF SCHOOL _____ LOCATION _____

Briefly describe any significant accomplishments: _____

Briefly describe your career plans: _____

List your extra-curricular activities in school: _____

Describe your church/community activities: _____

What are your hobbies/special interests? _____

ESTIMATED FAMILY INCOME:

_____ \$15,000 and under _____ \$25,000 to \$50,000
_____ \$15,000 to \$25,000 _____ \$50,000 and over

PLEASE COMMENT, AS MAY BE APPROPRIATE ON YOUR NEED FOR FINANCIAL ASSISTANCE: _____

REQUIREMENTS: **Return by April 7th.**

1. Must reside in Greenbrier, Pocahontas or Monroe County, WV.
2. One letter of recommendation **AND** one letter describing why you want this scholarship.
3. Attach a letter or certificate of acceptance from the school or other institution that you plan to attend. If such a letter or certificate is not available at the time of the filing of the application it must be submitted prior to receiving an Award.
4. If you have applied and received the Elisabeth Brown & Robert Stanley Jacobson Scholarship in any previous year please submit a copy of your grade transcript from the last year you attended college. *(Please submit grade transcript ONLY if you have applied and received money from this fund in a previous year.)*
5. If necessary, an interview will be arranged.
6. **All Scholarship Award recipients are required to write a letter of their educational experience within one month of completing their first period or year of schooling.** This letter is to be mailed to the Lewisburg United Methodist Church, c/o Elisabeth Brown & Robert Stanley Jacobson Committee 1133 Washington Street East Lewisburg, WV 24901.
7. If awarded a scholarship the check will be made directly to the college unless a request, in writing, is made for other arrangements.

APPLICANT'S SIGNATURE _____ DATE _____

RETURN APPLICATION TO:
Lewisburg United Methodist Church
1133 Washington Street East
Lewisburg WV 24901