### Information concerning:

## The Rev. John C. Blackford Scholarship Fund

- Funded by the First United Methodist Church of Lindstrom Foundation All
  are eligible if a member or regular worshiper at the First United Methodist
  Church of Lindstrom, a relative of a church attendee, or a youth regularly
  involved in activities associated with the church
- Applications can be obtained through the church office, on the information table in the back of the church, or electronically by contacting the church office
- Applications will be evaluated by the Foundation team members and awarded on need and merit. A detailed, thoughtful application will influence the final evaluation and selection. Please be as specific as possible.

#### Dates to remember:

**May 7:** Scholarship applications will be available in the church office, in the foyer or online at lindstrommethodist.org

June 9: All applications must be received

Late June/early July: Scholarship Recipients will be notified

July 16: Awarding of Rev. John C. Blackford Scholarships

Any additional questions, please contact Carol Schmidt Administrative Secretary/First United Methodist Church <a href="mailto:firstmethodist@usfamily.net">firstmethodist@usfamily.net</a>

(office hours 8a-2:30p M-F), 651-257-4306

# The Rev. John C. Blackford Scholarship Fund

# Application for Scholarship Consideration

Date
Name in full
Current mailing address
Phone Parents' Names
Of what church are you a member?
Address of church
Pastor's name
Pastor's phone number

Name of Col	lege you plan to atten	d or are attend	ling			
Have you rec	ceived a Foundation S	cholarship Av	vard prior to thi	s application?	yesno	
<b>Education B</b>	Background:					
<u>Type</u>	Name & Location of School	Course or <u>Major</u>	Years <u>Attended</u>	Average <u>Grade</u>	Name of Dean or Advisor	
High School						
College/ University						
Seminary						
Note: A copwith this app	y of your most recent lication.	t high school d	or post seconda	ry transcript m	ust be submitted	
Estimate your expenses for the coming school year:			Indicate amount of funds available from the sources below: * * Estimate if necessary			
Tuition:			Per	Personal earnings:		
Books:			Par	Parent support:		
Food/Lodging:				Scholarship(s):		
Other (itemize):			Gra	Grant(s):		
			Loa	n(s):		
			Oth	er:		
Total School Year:			Tot	Total Funds available:		

ease explain in detail your financial needs:	
ease indicate your future education plans including the reasons for choosing the deason of the deaso	nis career al sheets if

List your church, school, and community service (past and present):			
What are your hobbies and interests?			
Submit completed application in person to the church office or mail it to:			
First United Methodist Church Foundation P.O. Box 688			
Lindstrom, MN 55045			
Revised 4/2017			