

of

Buda United Methodist Church

Scholarship Application Instructions

**General Information and Instructions**

1. A limited amount of scholarship funds are administered at Buda United Methodist Church through the Men’s Group Scholarship Committee and includes various purposes and requirements. Generally, factors involved in evaluation of applicants include but are not limited to church membership, high school graduates, statement of financial need, academics, church and community involvement, and leadership.
2. Applications will be accepted from graduating high school seniors planning to attend post-secondary school at an accredited institution or trade school.
3. To be considered, the application and all materials requested must be in the church office **no later than APRIL 7, 2025**. No applications will be accepted after this date.
4. Completed applications will become the property of the Scholarship Committee and will not be returned.
5. All applicants who have submitted a complete application will be notified by letter of the Committee’s decision by May 6.
6. Applicants are asked to submit five (5) copies of their application.

# **Criteria for Scholarship Awards**

Qualified scholarships are limited by the criteria defined by Internal Revenue Code, Section 117, and are therefore limited to candidates who are accepted into and attending an accredited institution of higher learning as a part-time or full-time student. In addition, qualified scholarships cannot be awarded for teaching, internships, research, or other services by the student even if required for the degree program.

Priority shall be given to students who are:

* Members of Buda UMC
* Actively involved in church and youth programs
* Entering their first year in college
* Pursuing a ministry-related major
* Planning to attend a United Methodist institution of higher learning

Academic achievements, extracurricular activities, community service, and financial need will also be taken into consideration.

**Buda United Methodist Church**

**UM Men’s Group Scholarship**

**Application 2025 – Deadline APRIL 7, 2025**

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| Please **PRINT or TYPE** your answers. |
| 1. | Last Name:  | First Name: |
| 2. | Mailing Address Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: State: ZIP: |
| 3. | Daytime Telephone Number: ( ) |
| 4. | Email address: |
| 5. | Date of Birth: Month Day Year  |
| 6. | Current High School: | GPA: |
| 7. | I will be attending the following school in the Fall of 2025: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Proof of acceptance or current student enrollment from the above school is* ***required prior to payment of funds. Proof must include school ID number and finance office address. Payment is made directly to the school.*** |
| 8. | Name and address of parent(s) or legal guardian(s): Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone of parents or legal guardians: ( ) |
| 9. | What do you plan to major/certify in as you continue your education? What degree do you plan to pursue?  |
| 10. | Please attach a brief essay describing your experience and involvement in the Buda United Methodist Church or the community of Buda/Kyle. (Max. 500 words) |

### STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I affirm that I have a financial need for a scholarship. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Buda UMC Men’s Group scholarship program.

I hereby understand that if chosen as a scholarship winner, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_