| **PROSPECT UNITED METHODIST CHURCH**<br>**D.S. OUTEN SCHOLARSHIP FUND** | |
|---|---|
| **Status**: _____1st Application | _____Renewal |
| **Full Name:** | |
| Address: | |
| Date of Birth: | |
| Home Phone: | Cell Phone: |
| Father/Guardian: | |
| Address: | |
| Mother/Guardian: | |
| Address: | |
| Name of High School or Current College: | |
| Address: | |
| Date of Graduation or Anticipated Graduation | |
| Indicate status for next term: Freshman Sophomore<br>Junior Senior | |
| Academic Year: | Major |
| | |
| Student Certification: I will be a full-time student in the academic year indicated. I will use this scholarship for educational expenses only. The information submitted in this application is true and correct. | |
| **Applicant Signature** | **Date** |