

UNITED METHODIST WOMEN  
MADISON STREET UNITED METHODIST CHURCH  
319 MADISON STREET  
CLARKSVILLE, TN 37040

Re: Instructions for completing a United Methodist Women Scholarship application for the 2022-2023 academic year.

Dear UMW Scholarship Applicant:

1. The complete UMW Scholarship application is four (4) pages including this cover sheet. **PRINT AND MAIL all pages to:**  
Mrs. Susie Perry  
4100 Guthrie Road  
Clarksville, TN 37043
2. A copy of your current high school or college/university transcript must be forwarded directly to Mrs. Perry at the above address by March 31, 2022.
3. Application and transcript must be received no later than March 31, 2022.
4. You will be notified by e-mail as each form is received.

UMW Scholarship recipients will be notified by June 30, 2022. The UMW Scholarship Award amounts vary year to year. The UMW Scholarship, if granted, will be payable on or about August 1, 2022. Payment will be made directly to your college or university for the 2022 - 2023 academic year.

Thank you for your interest in pursuing a career in Christian Service. If you have any additional questions regarding the UMW Scholarship, please contact Mrs. Perry at (931) 358-3333 or via email at spp1972@yahoo.com

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Applicant \_\_\_\_\_

Application Received \_\_\_\_\_

Application Reviewed \_\_\_\_\_

Award Amount Granted \_\_\_\_\_

Renewal?? Yes/No \_\_\_\_\_

Madison Street United Methodist Church

# Scholarship Application

## FOR TRAINING IN CHRISTIAN VOCATIONS

Sponsored by The United Methodist Women  
Supported by Memorial Gifts and Honorariums

Name \_\_\_\_\_ Date \_\_\_\_\_

Current Address

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E-mail Address

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Soc. Sec. # \_\_\_\_\_ Phone \_\_\_\_\_

Church Membership \_\_\_\_\_

Marital Status \_\_\_\_\_ Number of Dependents \_\_\_\_\_

Name of High School \_\_\_\_\_

Graduation Date \_\_\_\_\_

College/University Name \_\_\_\_\_

Year (circle one) Freshman Sophomore Junior Senior Graduate Program

Estimated Expenses Tuition	_____
Room and Board	_____
Books	_____
Other	_____

Course of Study in Christian Service

Ministerial \_\_\_\_\_ Religious Education \_\_\_\_\_  
Church Music \_\_\_\_\_ Youth Ministries \_\_\_\_\_

Are you presently serving in any church related position on a  
salaried basis? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please describe

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Current Employment (non-church related) \_\_\_\_\_

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References (non-relatives)

1. Name \_\_\_\_\_

Address \_\_\_\_\_

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Phone \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

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Phone \_\_\_\_\_

Explain briefly why you should be considered for financial  
assistance.

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Give a brief statement of your reasons for desiring to enter training for Christian Service.

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**{For internal use only}**

Application Received \_\_\_\_\_ Accepted or Declined \_\_\_\_\_

Reviewed \_\_\_\_\_ Renewal \_\_\_\_\_