**STUDENT MEMBERSHIP SCHOLARSHIP**

This program encourages Wesleyan students to attend Wesleyan colleges and universities by supporting them with scholarships on the basis of the students’ active participation in church and district educational and discipleship activities. Each student who meets the eligibility requirements will be awarded a scholarship of $500 for each semester of their undergraduate education at a Wesleyan college or university (up to 4 years). Application should be made at the beginning of each college year.

1. **Personal Information**

Name:

Home Address

Telephone: ( ) - Social Security Number:  - -

Date of Birth:  / /

Gender: Male [ ]  Female [ ]

Applicant’s Parents (or someone who will always know your address)

 Name:

 Address:

 Telephone: ( ) -

Home Church:       City:

1. **Educational Experience**

Colleges Previously Attended:

 Name:       Location:

 Major:       Degree:       Date:  / /

Situation for which application is made:

 Name of institution:       Planned Graduation Date:

 Number of semester hours you have registered for this term:

 Classification:       Grade Point Average:

1. **Eligibility**
2. Provide examples of local church involvement:
3. Provide examples of District Children or Youth involvement (i.e. Children’s/Youth Camp, District Youth Education Courses, Wesleyan college tours, etc.):
4. Attach a recommendation (from pastor or church leader), confirming your local church and district involvement.
5. **Commitment**
6. I understand this application is a reaffirmation of my membership vows in the Wesleyan Church and is interpreted to mean that I cordially accept the Articles of Religion, Membership Commitments, Elementary Principles and church polity as set forth in the *Discipline* of the Wesleyan Church as the exponent of my faith and rule of conduct.
7. While enrolled I will report concerning my Wesleyan church attendance and involvement to the proper campus personnel.
8. My intention is to serve in a Wesleyan church after graduation in a lay or pastoral role.

*Signature:* *Date:*  */ /*

Please give the address of the educational institution where this money should be sent:

Please give the account name/number at your educational institution that this money should be accredited to:

**Please return this form to:**

Florida District of the Wesleyan Church

Email: do@floridawesleyan.com

Standard mail: 3807 Maryweather Ln. Wesley Chapel, Fl 33544

**Email any questions about this application to** **studentdevelopment@floridawesleyan.com**