## Shenandoah District of The Wesleyan Church Scholarship Application Form

	DATE:, 20
N	LAST FIRST MI
M	AILING ADDRESS:  Street or Route & Box Number
	City State Zip  **AAIL ADDRESS:
IF	MARRIED, NAME OF SPOUSE:
1.	DO YOU KNOW JESUS CHRIST AS YOUR PERSONAL SAVIOR?
2.	PLEASE ATTACH A ONE (1) PAGE PERSONAL TESTIMONY TELLING OF YOUR RELATIONSHIP WITH JESUS CHRIST.
3.	NAME OF WESLEYAN COLLEGE OR UNIVERSITY YOU PLAN TO ATTEND:
	(Please attach a copy of your letter of acceptance from the college or university)
4.	LIST THE EXTRA-CURRICULAR ACTIVITIES PARTICIPATED IN WHILE IN HIGH SCHOOL:
5.	LIST AWARDS AND HONORS RECEIVED DURING YOUR YEARS OF HIGH SCHOOL:
6.	ARE YOU A MEMBER OR ACTIVE PARTICIPANT OF A WESLEYAN CHURCH IN THE SHENANDOAH DISTRICT? $\square$ Yes $\square$ No
	Church Name Pastor Name

	WILL BE PROVIDING REFERENCES:  Name Address City, State, Zip
2. OTHER:	NameAddressCity, State, Zip
	rence form and letter of reference must be mailed in separately by the the reference, not the applicant)
	OTHER ADDITIONAL INFORMATION YOU BELIEVE MIGHT BE THE COMMITTEE:

Please Complete and Return to: Shenandoah District Center P.O. Box 7165 Roanoke, VA 24019

Signature \_\_\_\_\_