

# University Carillon United Methodist Church

1395 Campus View Court, Oviedo 32765 | 407-359-2112

## UCUMC/ATS SCHOLARSHIP RENEWAL REQUEST FOR ACADEMIC YEAR 2018-2019

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address (if changed): \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Describe how are you involved in the life of the church:

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Are you still planning to enter full-time ministry?  YES  NO

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### REPORT ON THE PAST YEAR

Current GPA: \_\_\_\_\_ Degree Program: \_\_\_\_\_

List the classes you took at ATS in the past year:

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Will you be taking at least 5 classes during this academic year?  YES  NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_