

# University Carillon

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

## MacLaren University Carillon ATS Scholarship Fund Request

### ACADEMIC YEAR 2020–2021

#### PERSONAL INFORMATION

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

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

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

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

Are you a member (partner) at UCUMC?  YES  NO

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you planning to enter full-time ministry or caring profession?  YES  NO

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

\_\_\_\_\_  
\_\_\_\_\_

Have you been admitted into Asbury Seminary?  YES  NO Degree Program: \_\_\_\_\_

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

#### EDUCATION

**High School:** \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO

Diploma Earned: \_\_\_\_\_

(OVER, please)

**College:** \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO

Diploma/Degree Earned: \_\_\_\_\_

**Other Institution:** \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO

Diploma/Degree/Certification Earned: \_\_\_\_\_

### REFERENCES

Please provide contact information for two persons who can attest to your ministry direction and aptitude.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Ministry/Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Ministry/Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### DISCLAIMER AND SIGNATURE

*I certify that the information on this form is true and complete to the best of my knowledge.*

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

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