

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:

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:

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

Signature: _____ Date: _____