



**FOUNDATION MERIT SCHOLARS PROGRAM
NOMINATION FORM**

DEADLINE FOR NOMINATIONS: SEPTEMBER 1

1. Name of School _____
2. Student's Full Name _____
first middle last
3. Social Security # _____ Date of Birth ____/____/____ Male Female
4. Permanent Mailing Address _____
Street Address/PO Box City State Zip
5. E-mail address (please print) _____ Telephone _____ Married Single
6. U.S. Citizen or permanent resident alien? Yes No
7. Classification during scholarship year: Undergraduate/Preparatory: Freshman Sophomore Junior Senior
Seminary/Professional: First Year Second Year Final Year
8. Hours required for full-time status at your school? _____ Enrolled full-time? _____ **GPA** _____
9. Degree working toward _____ Expected College Graduation Date (Month/Year) _____
10. Ethnic group: African American Caucasian Asian Hispanic
 Native American Pacific Islander Other _____
11. Please complete the following information regarding United Methodist Church membership:
- _____
Name of the United Methodist Church where student is a member
- _____
Complete mailing address for student's church
- _____
Annual Conference in which student's church is located
- Has the student been a member of The United Methodist Church for at least one year? Yes No

SCHOOL REPRESENTATIVE COMPLETE:

The above-named person is a student in good standing at this school and is being nominated for the Foundation Merit Scholars Award in the amount of \$ _____ for the academic year _____.

Scholarship Representative Signature _____ Date _____

Scholarship Representative Name/Title _____
(please print)

Mailing Address _____
Street Address/PO Box City State Zip

Telephone _____ E-mail Address _____

(Over to complete reverse side)

2/07

NOMINEE TO COMPLETE AND RETURN TO SCHOOL REPRESENTATIVE:

Please make a general statement that details your philosophy of life, religious development, and what influenced you in selecting your career goal. Give any additional information that might be helpful. Attach additional pages if necessary.

Your signature below confirms that you agree to allow UMHEF to use your picture and/or statement in print (e.g. public relations materials) to promote the Foundation, and also to release your information to external church-related sources (e.g. annual conference newspapers) for possible use in publications.

Nominee name (please print)

Social Security Number

Nominee signature

Date

SCHOOL REPRESENTATIVES PLEASE MAIL COMPLETE NOMINATION FORMS BEFORE SEPTEMBER 1 TO:

**United Methodist Higher Education Foundation
Scholarship Office
P.O. Box 340005
Nashville, TN 37203-0005**

**E-Mail: umhefscholarships@gbhem.org
Telephone: (615) 340-7385 or (800) 811-8110
www.umhef.org**

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