

# Panama City First United Methodist Church (FUMC) Scholarship Fund



**RECIPIENT:** There will be one (1) applicant awarded the scholarship for each scholastic year. Recipient will only be eligible for one FUMC Scholarship.

**AMOUNT:** Scholarship will be in the amount of \$2,500.00

**DEADLINE:** February 28<sup>th</sup>, 2025

## QUALIFICATIONS:

- Current active member of First United Methodist Church of Panama City, FL.
- Undergraduate or Graduate attending an accredited college, university, vocational or trade school.
- Recipients will be assessed based on weighted merit of:
  1. Academic Scores 30%
    - a. GPA, SAT and/or ACT scores
  2. Church/Community Affiliation 40%
    - a. **Active** membership and attendance with First United Methodist Church of Panama City, FL
    - b. Approved and verified volunteer hours served at First United Methodist Church of Panama City, FL with a minimum expectancy of **15 volunteer hours**. Approved volunteer hours can come from direct service at the church or mission trips attended with FUMC church missions or youth missions. (Include documentation with application)
    - c. Approved and verified community volunteer hours with a minimum of **50 volunteer hours**. (Include documentation with application)
  3. Financial Status 30%
    - a. Other Scholarships or grants received.
    - b. Student Debt and expenses
    - c. Household financial information.

**DEADLINE:** Please return applications via regular mail or email by **FEBRUARY 28<sup>th</sup>, 2025**

**Postal Address:** First United Methodist Church

**Attn: Brian Scarborough**

**822 E. Hwy 98**

**Panama City, FL 32401**

**Email:** [brian@fumc-pc.org](mailto:brian@fumc-pc.org)



# FUMC Panama City FL Scholarship Application

## GENERAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*First, Middle, Last*

Address: \_\_\_\_\_  
*Street Address*

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

### Church Membership

Location: \_\_\_\_\_ District: \_\_\_\_\_

FUMC-PC Volunteer Hours \_\_\_\_\_ Community Volunteer Hours \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_  
Marital Status: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Total Number of Dependents: \_\_\_\_\_

## EDUCATION INFORMATION

High School Graduation Year: \_\_\_\_\_ High School GPA: \_\_\_\_\_ ACT or SAT Score: \_\_\_\_\_

College Name: \_\_\_\_\_

College Mailing Address: \_\_\_\_\_

Student ID#: **(REQUIRED)** \_\_\_\_\_

Course of Study: \_\_\_\_\_

### Year:

Freshman  Junior   
Sophomore  Senior   
Post graduate  Other

If currently enrolled, what is your cumulative GPA to date? \_\_\_\_\_

When do you expect to graduate? (Please be as specific as possible) \_\_\_\_\_

## EMPLOYMENT & FINANCIAL INFORMATION

While attending college, will you be employed? YES NO If yes, annual income anticipated:  
  \$ \_\_\_\_\_

While you attend college, will your spouse (if applicable) be employed? YES NO If yes, annual income anticipated:  
  \$ \_\_\_\_\_

**Please tell us about other resources you may have:**

	Annual Amount
Grants:	\$ _____
Scholarships:	\$ _____
Gifts:	\$ _____
Student Loans:	\$ _____
Other:	\$ _____

**Total Annual Resources (employment income plus all other):** \$ \_\_\_\_\_

## STUDENT DEBT & EXPENSES INFORMATION

Total personal debt (loans, credit cards, etc.) \$ \_\_\_\_\_

**Please tell us about your expenses:**

	Annual Amount
Room & Board:	\$ _____
Transportation:	\$ _____
Tuition & Fees:	\$ _____
Books & Supplies:	\$ _____

**Total Annual Expenses:** \$ \_\_\_\_\_

HOUSEHOLD FINANCIAL INFORMATION

Number of dependents in household enrolled in college: \_\_\_\_\_  
Number of dependents in household under age 25: \_\_\_\_\_

Estimated ANNUAL household income: \$ \_\_\_\_\_  
Estimated ANNUAL household expenses: \$ \_\_\_\_\_

Total household debt (loans, mortgages, credit cards, etc.) \$ \_\_\_\_\_

IT IS **\*\*VITAL\*\*** THAT ALL REQUESTED INFORMATION IS PROVIDED. PLEASE REVIEW BEFORE SUBMISSION.  
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

By signing, you attest that ALL information is complete and accurate to the best of your knowledge. You may attach any additional information you deem relevant to consideration of this application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return applications via regular mail or email by February 28<sup>th</sup>:***

**Regular mail: First United Methodist Church  
Attn: Brian Scarborough  
822 East Hwy. 98  
Panama City, FL 32401**

**Email:           brian@fumc-pc.org**