

RYAN SHOAF MEMORIAL SCHOLARSHIP APPLICATION

NAME: _____

ADDRESS: _____

PHONE: _____ FATHER: _____ MOTHER: _____

SCHOOL: _____ GRADUATION YEAR: _____

Are you currently a member of Mount Tabor United Methodist Church? _____

List the summer camp, scout trip or educational experience for which this money will be used: _____

When/where will this activity take place? _____

**PLEASE ANSWER THE FOLLOWING QUESTIONS. FEEL FREE TO USE
ADDITIONAL SHEETS IF NEEDED.**

Briefly explain what the camp, scout trip or experience involves, why you would like to participate, and what you hope to gain from it.

Are there other factors that you would like for this committee to consider when reviewing your application?

I, the undersigned, hereby affirm that the information provided in this application is true and accurate to the best of my knowledge. I also acknowledge that I understand that the Ryan Shoaf Memorial Scholarship is to be used for participation in summer music camps or schools; summer scouting trips; or educational experiences in other countries and agree if I do not participate in one of these activities within one year after receiving an award that I will refund the money to the Ryan Shoaf Memorial Scholarship Fund.

SIGNED: _____ DATE: _____

This questionnaire and application form must be completed in full and returned to the church office no later than **4:00 PM on Monday, April 13th, 2009.**