

LEAKEY UNITED METHODIST CHURCH SCHOLARSHIP RENEWAL APPLICATION

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

CELL PHONE NUMBER: _____

EMAIL: _____

MAJOR: _____

MINOR: _____

Please attach a copy of your grades from previous semester.

Student Signature Date

Parent Signature Date

Mail To:
Leakey UMC
Attn: Scholarship Committee
PO Box 417
Leakey, TX 78873