

LEAKEY UNITED METHODIST CHURCH SCHOLARSHIP APPLICATION

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

CELL PHONE NUMBER: _____

EMAIL: _____

PLANS (Where do you plan to attend? Why did you select this particular school? What will be your main course of study?)

Please attach at least two (2) letters of recommendation and your Leakey High School Transcript including the 1st semester of your Senior Year.

Student Signature

Date

Parent Signature

Date

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