

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

Email to:
melissachranebates@gmail.com
CC: wprescher@riotx.org