

# 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 1<sup>st</sup> semester of your Senior Year.

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Signature Date Parent

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

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

