

APPLICATION TO DECATUR FIRST UNITED METHODIST CHURCH
FOR EDUCATIONAL GRANT

Student's name: _____ Date: _____

Home address: _____

Home telephone: _____ Cell: _____

Email Address _____

School or college you will be attending: _____

Student account number: _____ Date of birth: _____

Semester and academic year for which funds are requested: _____

Area(s) of study: _____

Undergraduate? _____ Graduate? _____

Religious affiliation and name of church: _____

Name of parent(s) or guardian: _____

Please state whether you have received assistance from us before, and if so, the date and the results of that request: _____

Student Signature: _____

OR

Parent/Guardian Signature: _____

Return to: DFUMC Endowment Fund Committee
300 E. Ponce de Leon Avenue, Decatur, GA 30030

OR lparker@decaturfirfirst.org