

EVANGELICAL UNITED METHODIST CHURCH
LILLIE B WISTEHUFF COLLEGE SCHOLARSHIP
APPLICATION FOR **FULL-TIME** STUDENTS

Name of Applicant: [Click here to enter text.](#)

Address where you would like checks mailed: [Click here to enter text.](#)

Email address: [Click here to enter text.](#)

Date applicant became a member of Evangelical
United Methodist Church in Washington , IL: [Click here to enter text.](#)

Name of school planning to attend: [Click here to enter text.](#)

Please check semesters you will be attending: First Second

If you will be enrolled in a Co-Op or Interim Program during the academic year, please
Check which semester/s: First Second

Anticipated date of graduation from college or vocational school: [Click here to enter text.](#)

Type of degree or certificate being pursued: [Click here to enter text.](#)

Please prepare a statement setting forth your vocational or professional goal and relate
how you plan to reach this goal. Include how past, present and future activities make the
accomplishment of the goal probable.

[Click here to enter text.](#)

Signature of Applicant

[Click here to enter text.](#)
Date received by Church

By checking this box you are
Providing your "electronic
Signature"