

MARY E. FERGUSON STUDENT SCHOLARSHIP FUND APPLICATION

NAME OF APPLICANT _____

FIRST MIDDLE LAST

HOME ADDRESS _____

NO. STREET CITY. STATE. ZIP CODE

PHONE NUMBER () _____ EMAIL ADDRESS _____

MEMBER OF FIRST UNITED CHURCH OF ONEONTA? YES/NO

NAME OF PARENTS OR GUARDIAN _____

ADDRESSES _____

NAME & ADDRESS OF COLLEGE WHERE ADMITTED OR MATRICULATED

CLASS: FRESH ___ SOPH ___ JR ___ SR: ___ GRAD SCHOOL _____

MAJOR: _____

EXPECTED GRADUATION DATE _____

HOW HAVE YOU PARTICIPATED AT FUMC? _____

PERSONAL REFERENCES: (LIST NAMES AND ADDRESSES OF 2 PERSONS WHO KNOW YOU WELL ENOUGH TO COMMENT ON YOUR QUALIFICATIONS. DO NOT LIST HOUSEHOLD MEMBERS.

NAME: _____ PHONE # _____ RELATIONSHIP _____

NAME: _____ PHONE # _____ RELATIONSHIP _____

SIGNATURE _____ DATE _____

AN INTERVIEW MAY BE SCHEDULED BY THE FERGUSON COMMITTEE IF NEEDED
PLEASE RETURN THIS APPLICATION TO: CHAIRMAN, FERGUSON LOAN COMMITTEE,
FIRST UNITED METHODIST CHURCH, 66 CHESTNUT STREET, ONEONTA, NY 13820