First United Church of Arvada Memorial Scholarship
7195 Simms Street    Arvada, Colorado 80004-1364
(303) 421-0891

The purpose of this scholarship is to nurture a mind or talent that might otherwise be neglected. The award, to be given annually by the First United Church of Arvada, will be granted to a person who shows a clear direction towards making a contribution to humanity. The award will be granted for a forthcoming academic year and is based on the fluctuating earnings of the Memorial Scholarship Fund during the preceding fiscal year.

The following points will be considered in awarding the scholarship:

- Scholastic ability or other demonstrated talent or skill
- Demonstrated service or contribution to the community
- A clear sense of direction to the applicant's life in the form of personal goals
- Financial need

The scholarship is available to anyone of any age who has completed at least high school by the time the award is to be used. The recipient must either
(a) be a member of a family belonging to the First United Church of Arvada, or
(b) be sponsored by a member of the Church.

In the latter case, every effort should be made to sponsor a candidate who has roots in Arvada. This is defined to include residency in Arvada or attendance in or graduation from an Arvada high school. The sponsoring member must write a letter of recommendation supporting the candidate.

Attendance at any accredited post-high school institution will be considered, but emphasis will be placed on schools consistent with the intent of the scholarship and the applicant's stated goals.

Application must be made by Friday, April 30, 2021, with the award to be announced on Sunday, May 23, 2021. The candidate must fill out a standard application, including a written statement of his/her personal goals. The financial need must be attested in writing by the person (if financially emancipated) or the parent or guardian. The committee may request additional information regarding financial need. A personal interview may be required of the finalists.

The committee reserves the right not to make the grant in any year that it feels that no candidate meets the standards set up for the award.
First United Church of Arvada
Memorial Scholarship Application

Name__________________________________________________________________________________________

Current Address:

Street__________________________________________________________________________________________

City________________________________________

State______________ Zip Code___________Phone Number__________________

**Part I**

Please note carefully: you **must** provide on separate typewritten sheets thoughtful responses to the following questions. We cannot emphasize too much the important of these two items as part of a complete application. The committee relies very heavily on this part in making its decision on the award. Your responses should be a minimum of one to two pages.

(1) Discuss your personal goals and how your intended course of study will enable you to achieve these goals.

(2) Describe your participation in community service activities and what that has meant to you. Please feel free to offer as much detail, as you would like.
Part II

High School Attended______________________________________

Dates ____________________________________________

City & State ___________________________________________

Grade Point Average ____________________________________

College(s) or other Institution(s) attended (if any)

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College or Institution you plan to attend:

Name _____________________________________________

Location __________________________________________

Intended course of study:

________________________________________________________________

Tuition is $_______________________ per _____________________________
Part III

Statement of financial need:

(1) If independent, what is your employment or other source(s) of income?

(2) What is your annual income?

(3) If dependent on parents or guardian for your education, what is their annual income?

(4) Given your financial resources, what additional circumstances would be relevant and helpful to the committee in determining your need for the scholarship?

(5) What other scholarships or grants are available to you?

(6) If you do not receive this scholarship, how will you finance your education?

(Please use another page if you need additional space to discuss these questions.)

Signature of applicant:___________________________________

Signature of parent or guardian____________________________

(If applicable) Sponsored by ______________________________