

Western New York Conference Board of Higher Education and Campus Ministry
The United Methodist Church

Conference Merit Award Program Application

Return this form to: **WNY Conference, 131 John Muir Drive, Amherst, NY 14228**
Do not send to College

Social Security Number _____ Age _____ Married Single

Name in full _____ Male # Female

Home Address _____
street address city state zip

Telephone () _____ E-mail _____

Mailing address while at school _____
street address city state zip

If married, give full name and occupation of spouse _____
Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Parent (s) address _____ Parent (s) phone number _____

Parent (s)/Spouse gross annual income _____

Number & ages of persons dependent on that income _____

From which high school did you graduate? _____

Ethnic Group: Caucasian Asian Hispanic Native American Pacific Islander Ethnic Group: Caucasian Asian
Hispanic Native American Pacific Islander

College/University/Seminary _____ United Methodist? Yes No

Beginning year in September: _____

Will you attend this college the entire academic year? _____ If no, explain _____

Cumulative Grade Point Average _____

For what career are you preparing? _____

How long have you been a full member of The United Methodist Church? _____ Give full name and address of
the United Methodist Church where you are currently an active member _____

street address city state zip Name
annual conference

Pastor's name _____ Telephone () _____

Describe your participation in projects and activities of the church and/or community. _____

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Make a statement regarding your need for financial assistance for the coming academic year _____

Make a general statement regarding your request, including your philosophy of life, religious development, and what influenced you in selecting your career goal. Give any additional information that might be helpful. Attach additional pages if necessary.

Signed _____ Date _____

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Due Date April 15

What is the name of your local newspaper? _____

Your signature below confirms that you agree to allow WNY BHECM to use your picture and/or statement in print (e.g. Public relations materials) to promote the program.

Recipient name (please print)

Social Security Number

Recipient signature

Date