UNITED METHODIST HIGHER EDUCATION FOUNDATION

STUDENT INFORMATION FORM

Thank you for providing us with the following information. Please complete the form and email or fax to:

Jamie Cook, Scholarship Administrator
Email: jcook@umhef.org | Fax: 615-649-3980
Phone: 615-649-3974 (Toll Free: 800-811-8110)

STUDENT INFORMATION

Student's Name _____ ☐ Male ☐ Female
first middle last

Student's Social Security # _____ Birthdate _____ Age _____

Email Address _____ Citizenship _____

Permanent Mailing Address _____

City _____ State _____ ZIP _____ Phone _____

Ethnic Group: ☐ Caucasian ☐ Asian ☐ Black ☐ Hispanic ☐ Native American ☐ Pacific Islander
☐ Other (please specify) _____

Classification During Scholarship Year:

Undergraduate: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior / ☐ Seminary ☐ Graduate

Seminary: ☐ First Year ☐ Second Year ☐ Third Year

PARENT INFORMATION

Parent's Name(s) _____

Mailing Address _____

City _____ State _____ ZIP _____ Phone _____

Parent's Email Address _____

ADDITIONAL INFORMATION

Name of Scholarship _____ Amount Awarded _____ Scholarship Year _____

Name of School _____

School Address _____

Major _____ Most Recent GPA _____

Local Church Membership _____

Church Address _____

Church Conference (if United Methodist Church) _____