



CERTIFICATION OF UNITED METHODIST CHURCH MEMBERSHIP

This form must be returned before the first day of classes. The half tuition Methodist award cannot be used in conjunction with any other institutional scholarship.

Please type or print clearly

This is to certify that _____ is a member of the United Methodist Church.

Name of Student

Name of Pastor _____ Name of Church _____

Church Mailing Address _____
Street/Box # City State Zip

Telephone _____ District _____

Signature _____ Date _____
(Must have Pastor's signature to be valid)

Confidential Information to be Supplied by Pastor

Do you know of any reason why this person should not be awarded a United Methodist Church Student Grant?
Yes NO

Explanation:

How has the applicant been active in the program of your church?

Note to Pastor: Please mail this completed Application/Certification of United Methodist Church Membership to Admission Office, Central Methodist University, 411 Central Methodist Square, Fayette, MO 65248 or FAX to 660-248-1872 . All applications must be received before the first day of classes.