

**WOMAN'S MISSIONARY COUNCIL
THE SOUTHERN METHODIST CHURCH
MISSIONARY KID FUND
SCHOLARSHIP APPLICATION**

Date: _____ Semester/Year: _____

Name of Applicant: _____
(First) (Middle) (Last)

Address: _____
(Street or PO Box Number) (City) (State) (Zip)

Phone Number: _____ Alternate: _____
(Area Code) (Number) (Area Code) (Number)

Email Address: _____ Social Security Number: _____

Parents: _____ Address: _____

Phone: _____ Email Address: _____
(Area Code) (Number)

Number of Years Parents have Served as Southern Methodist Missionaries: _____

Local Church Membership: _____
(Name of Church) (Location)

Name of College/University/School You Plan to Attend: _____

Address: _____

Phone: _____

Statement of Applicant's Testimony and Salvation/Conversion Experience:

Your Major or Training Plans: _____

Missionary Kid Fund
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Please provide three **character references** below. These are to be at least 21 years of age and **NOT** a relative. (A good choice would be a pastor, teacher, church leader, etc.)

1. Name: _____
Address: _____
Phone: _____
Email Address: _____

2. Name: _____
Address: _____
Phone: _____
Email Address: _____

3. Name: _____
Address: _____
Phone: _____
Email Address: _____

Note: Applicant must provide high school transcript and/or transcript from other institutions of higher learning including technical/vocational schools.

Deadlines: Application for **fall semester** scholarship must be received by **June 1**.
Applications for **spring term** scholarship must be received by **October 1**.

Return to: Dr. Irene H. Myers
PO Box 85
Bowman, SC 29018
Phone: 803-829-2463
Email: myersih@aol.com

Signature: _____ Date: _____

Revised: May, 2004

**WOMAN'S MISSIONARY COUNCIL
THE SOUTHERN METHODIST CHURCH
MISSIONARY KID FUND
SCHOLARSHIP RE-APPLICATION FORM**

Date: _____ Semester/Year: _____

Name of Applicant: _____
(First) (Middle) (Last)

Address: _____
(Street or PO Box Number) (City) (State) (Zip)

Phone Number: _____ Alternate: _____
(Area Code) (Number) (Area Code) (Number)

Social Security Number: _____ Email Address: _____

Name of College/University/School You Attend: _____

_____ Address: _____

Phone: _____

Additional Comments: _____

Signature: _____ Date: _____

**RETURN TO: Dr. Irene H. Myers
PO Box 85
Bowman, SC 29018**

**WOMAN'S MISSIONARY COUNCIL
MISSIONARY KIDS COLLEGE SCHOLARSHIP FUND
REFERENCE FORM**

**PO BOX 85
BOWMAN, SC 29018**

Applicant: _____

Applicant's Parents: _____

1. My relationship to the applicant is: employer supervisor teacher friend
 commanding officer other: _____
2. The length of my relationship with the applicant is: less than 1 year
 1-3 years 3-5 years more than 5 years
3. I know the applicant: extremely well rather well casually
4. I believe that the applicant's ability to adjust to a college community: agree
 disagree no basis for opinion
5. The applicant is mature enough to adjust to a college community: agree
 disagree no basis for opinion
6. Please check any of the following that may apply to the applicant:
 disciplined, dropped from school
 in trouble with a law enforcement officer or agency
 involved in questionable moral conduct
If you checked any of these, please explain: _____
