

**2017 SCHOLARSHIP APPLICATION  
ARKANSAS CONFERENCE MISSION u  
ARKANSAS CONFERENCE UNITED METHODIST WOMEN**

July 26 – July 29, 2017  
University of the Ozarks, Clarksville, AR

**DEADLINE FOR SCHOLARSHIP APPLICATIONS IS JUNE 26 – NO EXCEPTIONS!**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_

E-MAIL (PRINT LEGIBLY, PLEASE) \_\_\_\_\_

DISTRICT \_\_\_\_\_ LOCAL CHURCH \_\_\_\_\_

AGE LEVEL: CHILD/YOUTH AGE \_\_\_\_\_ GRADE IN SCHOOL 2017-18 \_\_\_\_\_

NAME OF ADULT RESPONSIBLE FOR CHILD/YOUTH (MUST BE ON CAMPUS)

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AGE LEVEL: ADULT 18-35 \_\_\_\_\_ 36-50 \_\_\_\_\_ 51-60 \_\_\_\_\_ 61-70 \_\_\_\_\_ ABOVE 70 \_\_\_\_\_

IF A UMW MEMBER, DO YOU HOLD A LOCAL OFFICE? \_\_\_\_\_

IF SO, PLEASE INDICATE WHAT OFFICE AND HOW MANY YEARS IN THAT OFFICE \_\_\_\_\_

HAVE YOU ATTENDED MISSION u IN THE PAST? \_\_\_\_\_ WHEN? \_\_\_\_\_

CHECK ALL THAT APPLY:

\_\_\_\_\_ 1<sup>ST</sup> TIME ATTENDEE \_\_\_\_\_ PERSON OF ETHNIC MINORITY

\_\_\_\_\_ PHYSICAL DISABILITY \_\_\_\_\_ 1<sup>ST</sup> TIME LOCAL UMW OFFICER

ETHNICITY: \_\_\_\_\_

WILL YOU LEAD OR HELP LEAD THE MISSION STUDIES IN YOUR LOCAL CHURCH OR UNIT?  
\_\_\_\_\_

**\*\* ON THE BACK OF THIS FORM, WRITE A BRIEF PARAGRAPH STATING WHY YOU WOULD LIKE TO BE CONSIDERED FOR A SCHOLARSHIP. *Incomplete applications will be returned to applicant.* \*\***

Send completed forms, **postmarked by JUNE 26** to:

**HELEN MUSGRAVE**  
Mission u Scholarship Coordinator  
490 E Charles St., Batesville, AR 72501

Questions? Contact Helen: 870-793-3711 (H), 870-612-2446 (C), email [phmusgrave@suddenlink.net](mailto:phmusgrave@suddenlink.net)