

CHERYL NELIS SCHOLARSHIP APPLICATION FORM

To apply for a scholarship, complete this form. Also include: a 500 word essay explaining how either you or a family member's battle with cancer has affected your life, one letter of recommendation from a non-family member, and a copy of your most current high school or college transcript.

Mail completed application to Scholarship Fund, Electric Heights United Methodist Church, 601 James Street, Turtle Creek, PA 15145.

For any further questions, contact the church office at 412-824-3303.

Form may be photocopied if accompanying pages are also included.

Form must be received by May 31, 2006.

Name: _____

Home Address: _____

Home Phone Number: _____

Email address: _____

Current School Name: _____

Cumulative Grade Point Average: _____

Institution to be attended in the fall of 2006: _____

Vocational Goal/Intended Major: _____

Extra-Curricular Activities (attach list if necessary): _____

Awards and Honors (attach list if necessary): _____

Community Service (attach list if necessary): _____

Employer Name (if applicable): _____

Applicant Name: _____

Please enclose a letter of reference from a non-family member.

Applicant Name: _____
Please enclose a 500 word essay on how cancer has affected your life.