

# Ethel Crumpler Pierce Memorial Scholarship

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**All applications and required documentation must be postmarked by March 15. Late or incomplete applications cannot be accepted by the Foundation so please follow all application requirements carefully.**

## Requirements:

Preference given to a graduating senior from Brooklyn/Guernsey/Malcolm High School.

Preference given to members of Grace United Methodist Church, Brooklyn, Iowa.

Preference given to those pursuing studies related to the health care field (excluding physical education or coaching).

Applicant must attend a United Methodist affiliated college.

Applicant must have a 3.0 GPA or better scholastic average for prior three-year period.

Applicant must submit grade transcript for prior three year period.

Applicant must submit proof of ACT and/or SAT test scores.

Applicant must submit Financial Need Analysis, or FAFSA/IRS Tax return.

Applicant must submit three letters of recommendation:

Pastor

School Advisor/Counselor

Community Leader, i.e. employer, teacher, etc.

## Personal:

Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Birth date: \_\_\_\_\_ Home Phone: \_\_\_\_\_

US Citizen: \_\_\_\_\_ If No, Where? \_\_\_\_\_ Marital Status: \_\_\_\_\_

Dependent Children: \_\_\_\_\_ Ages: \_\_\_\_\_

## Church Affiliation:

Church Name: \_\_\_\_\_ How Long? \_\_\_\_\_

**My pastor's signature** below verifies my membership and/or that I have been nominated by my church's Ad. Board Council.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

District: \_\_\_\_\_ Church Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Education:

High School Graduation Date: \_\_\_\_\_ GPA: \_\_\_\_\_ ACT/SAT: \_\_\_\_\_

High School Attended: \_\_\_\_\_

College Name: \_\_\_\_\_

Planned College Enrollment Date: \_\_\_\_\_

Accepted? \_\_\_\_\_ Full Time? \_\_\_\_\_ Attending Full Year? \_\_\_\_\_

If No, Please Explain \_\_\_\_\_

\_\_\_\_\_

Vocation:

What career are you preparing for? (If undecided list top three choices)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Activities and Interests:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Statement of Applicant:**

I certify that the information given on this application is true, correct and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit application and all required materials by March 15<sup>th</sup> to:**

Iowa United Methodist Foundation  
2301 Rittenhouse Street  
Des Moines, IA 50321

# Ethel Crumpler Pierce Memorial Scholarship Financial Need Analysis

(From most recent tax return)

Dependant Student (use parents income)

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Independent Student: (use own income, if married include spouse)

Total household annual income before taxes: \_\_\_\_\_

Number of children in your family (include self if applicable): \_\_\_\_\_

Number of children claimed as dependants (include self if applicable): \_\_\_\_\_

Number of dependants in college next year: \_\_\_\_\_

Medical and dental expenses not paid by insurance: \_\_\_\_\_

Emergency expenses (Flood damage, etc.) \_\_\_\_\_

Total value of bank accounts and other investments (stocks/bonds, etc.) \_\_\_\_\_

Amount of scholarships and other financial aid already received: \_\_\_\_\_

Anticipated educational expenses (fees, tuition, books, room, board, etc) \_\_\_\_\_

Will it be necessary to borrow to cover your expenses? \_\_\_\_\_

Additional people dependant on persons income: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Unusual circumstances?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Statement of Applicant:**

I certify that the information given on this application is true, correct and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_