

# The Mosher/Dutton Scholarship Fund

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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:

Applicant must be a West Liberty United Methodist Church full member as defined in The Book of Discipline of the United Methodist Church or a resident of the West Liberty Community School District and a full member of a United Methodist Church.

Applicant must be an entering freshman or upperclassman at an accredited college, university, technical or trade school.

The recipient of a scholarship may reapply. No more than three additional yearly scholarships will be awarded to the same applicant.

Applicant shall provide to the Foundation a certified high school or college grade transcript.

Applicant shall submit a signed financial statement. Financial need will be considered, but will not be the sole determining factor in awarding the scholarship.

Academic success, strong moral character, involvement in church and community, as well as financial need, will all be considered as important criteria.

Applicant must submit two letters of recommendation from:

- 1) a teacher/school counselor who has worked with the student and
- 2) a Church leader.

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: \_\_\_\_\_

Name of High School: \_\_\_\_\_

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

# The Mosher/Dutton Scholarship Fund 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: \_\_\_\_\_