



Ocean View United Methodist Church
8400 E. Oak Island Dr.
Oak Island, NC 28465-8053
910-278-5973

February 2021

Subject: 2021 Ocean View United Methodist Men Scholarship

The Ocean View United Methodist Men of Ocean View are pleased to offer a \$1,000 scholarship. This scholarship is awarded to a graduating High school senior who is a member of Ocean View UMC, or actively participates in the life of the church or has parents or grandparents associated with Ocean View UMC.

Qualifications to be eligible to apply for a scholarship are the following:

- Must be a 2021 High School graduate
- Must be a member of Ocean View or actively participates in the life of the church or has parents or grandparents associated with Ocean View UMC.
- Must be attending an accredited institution of higher learning after graduation

Applications are due by Monday May 7, 2021. Mail application to:

Ocean View United Methodist Men
Attn: Bob Smith
UMM Scholarship
8400 E. Oak Island Dr.
Oak Island, NC 28465-8053

Or email to ovchurchoffice@gmail.com noting “UMM Scholarship” in memo line.

Sincerely,

Bo Smith,
President - Ocean View United Methodist Men

Ocean View United Methodist Men Scholarship Application

Ocean View United Methodist Men
8400 E Oak Island Dr.
Oak Island, NC 28465-8053
910-278-5973

Full Name _____ Birth Date _____

Address _____ Primary Phone # _____

City/State/Zip _____ Alternate Phone # _____

Parent Name(s) _____

Parent's occupation (father) _____ (mother) _____

Member of Ocean View Methodist ___ yes ___ no

If no, relative affiliated with Ocean View _____

Active in a faith-based group ___ yes ___ no

If "yes" describe involvement _____

Give a brief statement of the financial help your family will be able to provide; _____

Estimate of financial need: _____

Other Scholarships applied for: _____

Expected Course of Study _____ Where _____

Please attach a letter of acceptance from an accredited institution of higher learning.

I understand this personal information is given freely and will be kept confidential. The Review Committee may contact persons or organizations to verify information given.

Signature of applicant _____ Date _____