

# Darrell C. And Muriel Denison Jenks 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:

Scholarship awarded to a high school senior attending college in the fall semester immediately following graduation.

Applicant must be member of and active in the United Methodist Church.

Applicant must be recommended by and receive a letter of recommendation from the pastor of the local church holding applicant's membership.

Applicant must have a minimum 3.0 GPA on a 4.0 scale.

Applicant must submit transcript to date.

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

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

Applicant must submit a written essay of up to 250 words describing "What Jesus means to me personally and how I serve him."

## 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: \_\_\_\_\_

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

Darrell C. And Muriel Denison Jenks 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: \_\_\_\_\_