



*Ten Mile United Methodist Church  
149 Blue Heron Way  
Ten Mile, Tennessee 37880*

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March 14, 2018

Ms. Cynthia K. Mills  
Guidance Counselor  
Meigs County High School  
Decatur, Tennessee 37322

Dear Ms. Mills:

The Ten Mile United Methodist Church is seeking applicants for our 2018 Scholarship. Enclosed are six applications for your use. We would appreciate it if you would announce the scholarship at the high school. The deadline for the applications is April 30, 2018.

Call me at 865-376-6537 or e-mail me at [jonesec10@gmail.com](mailto:jonesec10@gmail.com) if you have any questions or need more information.

Thank you for your continued assistance with our scholarship program.

Sincerely,

Edith Jones, Treasurer

# The Ten Mile United Methodist Church Scholarship

Presented by Ten Mile United Methodist Church  
Ten Mile, Tennessee

## INSTRUCTIONS FOR COMPLETING APPLICATION

1. Application is to be completed by applicant.
2. Please type or print clearly.
3. Attach the following information to the completed application:
  - a. A biographical statement, including educational background, financial need, reason you would like this scholarship, your plans for school, and other pertinent information about yourself.
  - b. Transcript of courses completed.
  - c. Three letters of reference.
4. Return the completed application with attachments **BY APRIL 30** to your school guidance counselor.

Applicant's Name \_\_\_\_\_  
Permanent Address \_\_\_\_\_ Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Are you currently employed? \_\_ Yes \_\_ No  
Name of current or last employer (if any) \_\_\_\_\_  
Position \_\_\_\_\_ Salary/Wages \$ \_\_\_\_\_

## SOURCE AND AMOUNT OF FUNDS AVAILABLE FOR SEMESTER IN WHICH SCHOLARSHIP IS REQUESTED

Parents \$ \_\_\_\_\_ Own Income \$ \_\_\_\_\_  
Scholarships \$ \_\_\_\_\_ Other (relative, etc.) \$ \_\_\_\_\_  
Savings \$ \_\_\_\_\_

## IDENTIFICATION OF INDIVIDUAL(S) PROVIDING ASSISTANCE

Name of Parent, Guardian, or Relative \_\_\_\_\_  
Relationship \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**PLACE OF EMPLOYMENT AND POSITION**

Father \_\_\_\_\_  
Mother \_\_\_\_\_  
Guardian/Relative \_\_\_\_\_

**EDUCATIONAL INSTITUTION IN WHICH ENROLLMENT IS DESIRED**

Institution's Name \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Course of Study \_\_\_\_\_  
Degree Sought \_\_\_\_\_ Expected Date of Completion \_\_\_\_\_  
Amount of Tuition/Fees Per Semester \$ \_\_\_\_\_  
Date Payment Must Be Made \_\_\_\_\_ Date Term Begins \_\_\_\_\_  
Student Identification No. if already enrolled: \_\_\_\_\_

Please provide a biographical statement about yourself, including your educational background, financial need, reason you would like this scholarship, your plans for school, and other pertinent information about yourself.