



Daniel B. Shorb, Chapter President
Luke Nash, Vice President
Joan FitzGerald, Secretary
Beth Trotter, Treasurer
Joanne Kelly, Past President
Joyce Dawson, Membership Coordinator

Grant K. Pulen Music Scholarship Application Procedure

- 1) Applicant must have been a member of a United Methodist Church in the Florida Conference for at least one year, or have attended the Summer Music Workshop sponsored by The Florida Chapter of *The Fellowship of United Methodists in Music and Worship Arts*.
- 2) Applicant must be at least a senior in high school and planning to major in Music. Preference will be given to those majoring in Church Music.
- 3) Applicant must have three (3) letters of recommendation, with one preferably coming from either a Pastor, Choir Director or Praise Team Leader.
- 4) Applicant must submit the application by the assigned date. All areas need to be completed and filled in properly. The application should be submitted by US Postal Service, UPS, or Fed Ex. **ALL** portions of the application must be received by the due date. **All applications, forms, and transcripts should be sent to: Luke W. Nash, Scholarship Chairperson, 297 SW Russwood Terrace, Lake City, Florida 32024.**
- 5) A current transcript must be submitted from the school you are currently attending. The transcript must bear the seal or certifying marks of the Institution from whence it came. The transcript should be received by the scholarship committee in an unopened envelope bearing the school's name.
- 6) The applicant must have the Financial Aid Office form filled out and submitted with the application. The form may be included in with your completed form; however, it must be signed by the Financial Aid Officer.
- 7) Applicants must submit an essay, of no less than 500 words, describing how church and music have played a role in their life, as well as how it has affected their career path.

All information that is sent or delivered to the Grant K. Pulen Scholarship Committee will be held in the strictest of confidence. Information obtained will be destroyed after the Scholarship Committee has made its decision.



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Grant K. Pullen Scholarship Application Form

Personal Information

Name: _____ Phone: _____

E-mail Address: _____

Permanent Address: _____

City/State/Zip: _____

School Address: _____

City/State/Zip: _____

Date of Birth: __/__/____ Marital Status: _____ Sex: _____

Father's Name: _____ Age: _____

Occupation: _____

Mother's Name: _____ Age: _____

Occupation: _____

Academic Information

Academic Classification for year in which Scholarship would be used (check one):

Freshman _____ Sophomore _____ Junior _____ Senior _____

Degree Sought: _____ Major: _____ Expected Graduation Yr. _____

Plans following Graduation: _____

If you are a high school senior, what is the name and address of the college/ university you are planning to attend?

Name: _____

Street Address: _____

City/State/Zip: _____

Church Information

Name of Church: _____

Street Address: _____

City/State/Zip: _____

Date Joined: _____ Pastor's Name: _____

Name of Choir Director/Praise Team Leader: _____

Parent(s) Church Membership: _____

Years you attended Florida Chapter Summer Music Workshop:

Family and Financial Information

Parents' Marital Status: Together _____ Separated _____ Divorced _____

If separated or divorced,
Which parent do you live with? _____

How much child support do you receive? _____

Names and ages of siblings living at home: _____

How many of your siblings are also in college? _____

List any special medical or physical problems of family members in your household:

How much did you earn last year? _____

Projected income this year: _____

Estimate of how much you will personally
pay toward your school expenses during the coming year: _____

How much will your parents pay toward your school expenses? _____

Approximate income of your parents last year
(salaries, pensions, housing allowances, interest income, etc): _____

Please list and explain any special circumstances that might affect your qualifications for this scholarship:

Please return this form and all other forms by June 20, 2010, to:

**Luke Nash, Grant K. Pulen Scholarship Chairperson
297 SW Russwood Terrace
Lake City, FL 32024**



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Financial Aid Office Form

To: Financial Aid Officer

(College/University) _____

(Street Address) _____

(City/State/Zip) _____

Re: Grant K. Pullen Scholarship Award

Relative to the application of _____ for the Grant K. Pullen Music Scholarship, the Florida Chapter of *The Fellowship of United Methodists in Music and Worship Arts* would consider it a privilege if you would be so kind as to answer the following questions, and return this notice directly to the Chairperson listed below. This scholarship is given on the basis of financial need and academic merit. All information will be treated confidentially. Thank you very much.

• Is the student currently receiving financial aid? _____

• Is such aid anticipated for the coming academic year? _____

• The assistance is in what form? _____

• If awarded this scholarship (\$1,500), would it affect in any way the current aid?

_____ (If yes, please explain on the back of this form)

• How urgent do you consider the financial assistance need of this student? _____

- Other comments _____

- Approximate cost of one year:

Tuition: _____

Room and Board: _____

Other Expenses (*Please specify*):

Financial Aid Officer _____

Signature _____

Date _____

Please return this form by June 20, 2010, to:

**Luke Nash, Grant K. Pulen Scholarship Chairperson
297 SW Russwood Terrace
Lake City, FL 32024**