

Easter Hill United Methodist Church  
3911 Cutting Blvd., Richmond, California 94804



United  
Women  
in Faith

## Scholarship Application 2023

Thank you for your interest in the Easter Hill United Women in Faith Scholarship. The steps below will assist you in completion of your application.

### Application Instructions:

- Read the instructions carefully before completing the application.
- Complete and submit all required information.
- Please type or print in black ink.
- Attach all required information to the application.
- All requested information must be returned by **Monday, June 12, 2023** to United Methodist Women Scholarship Committee, Easter Hill United Methodist Church, 3911 Cutting Boulevard, Richmond, California 94804. If all information is not received by the due date, your application will be considered incomplete, and no further consideration will be given to it. "No Exceptions."

### Requirements:

- Applicants must provide an official sealed transcript with the application. The applicant must have an accumulative grade point average of 3.0 or greater.
- Applicants must submit two letters of recommendation. A teacher or counselor must write at least one letter from applicant's current school on official school stationary. A community leader, minister or employer for whom the applicant has worked for may write the second letter.
- Applicants must plan to enroll in a two or four-year college or university or enroll in a vocational program. Proof of registration will be required prior to receiving the scholarship award.
- Submit a one-page essay telling us about yourself, your goals, and plans for the future, including your reason(s) for applying for this scholarship.
- A photo must accompany your application with completed "Authorization Form for Photo and Video Usage."

First Name \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Are you a member of Easter Hill UMC?

If not, are you related to a member of Easter Hill UMC?

If so, what is the relationship?

As a part of the scholarship application, I hereby authorize the release of my school record to Easter Hill United Women in Faith Scholarship Committee, 3911 Cutting Blvd, Richmond, California 94804; Phone: 510 235-4226

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

For additional information contact:

Carolyn Benjamin (510) 222-7320 [wescam35@yahoo.com](mailto:wescam35@yahoo.com)

Karolyn Langston (510) 689-8288 [californiakid57@hotmail.com](mailto:californiakid57@hotmail.com)

***AUTHORIZATION FORM FOR PHOTO AND VIDEO USAGE (Form No. SS-11)***

Child's/Youth's Name:

I,  (print name of legal parent or guardian), authorize the **United Women in Faith of Easter Hill United Methodist Church** to

(please initial in the space provided after each bulleted item that you authorize)

▪ **DO NOT TAKE PICTURES OR VIDEOS OF MY CHILD/YOUTH.**

**PICTURES**

▪ **Take pictures of my child/youth to be posted inside the church only.**

▪ **Take pictures of my child/youth for use in printed publications and on the website and social media accounts.**

**VIDEOS**

▪ **Include my child/youth in videos that will be used for internal church purposes only (worship, internal communication, and invitation.)**

▪ **Include my child/youth in videos that will be used on the church's website social media, and YouTube accounts.**

Signed \_\_\_\_\_ (Parent or legal guardian)

Date: \_\_\_\_\_