

Justine E. Granner Memorial Scholarship

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 will be awarded to American Indian or other ethnic minority student.
Applicant must be preparing for a career in nursing, public health and/or related fields.
Applicant must be enrolled at a college or school of nursing within the state of Iowa.
Preference to Iowa High School graduates.
Applicant must submit grade transcript to date.
Applicant must submit proof of ACT/SAT test scores.
Applicant must submit Financial Need Analysis sheet or FAFSA/IRS Tax return.
Applicant must have GPA of 3.0 or higher.
Applicant must provide three letters of recommendation:
 Pastor, attesting person is active member of church
 School advisor/counselor, attesting person is active in school and community
 Community Leader, i.e. employer, additional teacher, etc.

Personal:

Name: _____

Permanent Address: _____

City, State, Zip: _____

Email: _____ Birth date: _____ Home Phone: _____

US Citizen: _____ If No, Where? _____ Marital Status: _____

Dependent Children: _____ Ages: _____ Ethnicity: _____

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: _____

Iowa High School Graduate? _____ College Name: _____

Declared Major: _____ Type of Degree Sought: _____

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 15th to:

Iowa United Methodist Foundation
2301 Rittenhouse Street
Des Moines, IA 50321

Justine E. Granner Memorial 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: _____