

Simpson United Methodist Church  
Scholarship RENEWAL Application YEAR 2017

Name \_\_\_\_\_ Phone \_\_\_\_\_  
(Please print)

Address \_\_\_\_\_ City and Zip \_\_\_\_\_

College \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Grade Point Average \_\_\_\_\_

Please tell a little about your past year's experience: \_\_\_\_\_

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How has your Simpson participation influenced or affected your college experience?

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Have you joined in any special activities?

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Have your goals changed?

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Will you be present at Simpson's graduation presentation on Sunday, June 11, 2017? Yes \_\_\_ No \_\_\_

RENEWAL DEADLINE: Must be postmarked by **April 5, 2017**. Mail completed applications to:  
Scholarship Committee, Simpson United Methodist Church, 6001 Wolff St., Arvada, CO 80003-6833.  
Also, please email a copy of your application to [sumcscholarship@gmail.com](mailto:sumcscholarship@gmail.com) by **April 5, 2017**.