

Karen G. Luderer Memorial Scholarship Application

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

High school PA: _____ SAT Score: _____ or ACT Score: _____

Are you a member of the United Methodist Church? YES NO If no, what church are you affiliated _____

Are you a current member of the Youth Group of the United Methodist Church? YES NO

Are you a past member of the Youth Group? YES NO

If yes, years active: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Employment History

Company: _____ Phone: _____

Address: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Submission

Please remit via email to kluderscholarship@gmail.com or to Karen G. Luderer Scholarship, c/o Mark Luderer, First United Methodist Church, 600 Wood St, Clarion, PA 16214

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a Scholarship Award, I understand that false or misleading information in my application or interview may result in termination of the Scholarship Award.

Signature: _____ Date: _____