

**HOLLYWOOD HILLS UNITED METHODIST CHURCH**  
**THE HARRIETT G. KAEBNICK SCHOLARSHIP**

**Continuing Education Programs**

**PERSONAL INFORMATION**

Full name: \_\_\_\_\_  
Last First Middle

SS# \_\_\_\_\_ male [ ] female [ ]

Permanent address \_\_\_\_\_ street/box# \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

Home Ph#(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Ph# (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

Age Range: under 30 \_\_\_\_ over 30 \_\_\_\_

Single [ ] Married [ ] If married:  
Spouse's name \_\_\_\_\_

Spouse's occupation \_\_\_\_\_

List all persons living in your home (Use a separate sheet if needed):

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Formal Training for your Job**

College degree \_\_\_\_\_ Specialized Training \_\_\_\_\_

Short-term Course(s) \_\_\_\_\_

On-the-Job Training \_\_\_\_\_

Briefly describe the recertification, advanced training, or recency-of-credit that you seek:

\_\_\_\_\_  
\_\_\_\_\_

HHUMC Scholarship Application

What school/program will you attend?

By what agency is it accredited?

What type of license or certificate will you receive upon completion?

What will it enable you to do?

Add any other pertinent information to help the committee in its review:

State briefly any paid employment you have had in the last five years:

<u>Title of position</u>	<u>Employed by</u>	<u>Type of work</u>	<u>Dates</u>
--------------------------	--------------------	---------------------	--------------

Will you be working during the school year? Yes [ ] No [ ]

If yes, state where: \_\_\_\_\_

Anticipated # of hours per week \_\_\_\_\_

Describe Your Career Goal:  
(Use a separate sheet if needed.)

**CHURCH MEMBERSHIP**

Date you joined Hollywood Hills United Methodist Church (Confirmation or Membership class):

*(Note: You must have been an active member (full, associate, or affiliate) of HHUMC for at least nine months to be eligible.)*

Month/year \_\_\_\_\_

HHUMC Scholarship Application

**REFERENCES**

List two active members of this church (non-family) who will recommend you for this scholarship.

<u>Name</u>	<u>phone #</u>	<u>Position/Title (if applicable)</u>
1.		
2.		

**CHURCH ATTENDANCE AND PARTICIPATION**

On a separate sheet describe **your** attendance/involvement/participation/stewardship in HHUMC (our church) both past and present; place emphasis on activities during the **past year**. Include any church offices, committees, events, etc. in which you have served (for example, church attendance, activities, positions of responsibility, service, financial giving, small group membership, etc.) Describe your participation in projects and activities of **this church**. Include any special honors or awards. It is imperative that you respond to this as fully as possible. Mention dates of events, positions and involvement and how extensively you participated in each.

Also, describe any special circumstances that you feel the committee should consider such as financial hardship, family situation or other special conditions of which the committee should be made aware.

Please submit your fully completed application (do not leave any items blank) and pertinent transcripts at least four weeks before you need the funds. If approved, what is the latest date you will need the check? \_\_\_\_\_ How much is your funding request? \$ \_\_\_\_\_

-----

I understand that the Kaebnick Scholarship selection committee encourages me to be a loyal and participating member of this congregation with "my prayers, my presence, my gifts and my service."

I understand that as an applicant for a Harriett Kaebnick Scholarship, I must schedule an interview in person with the Scholarship Committee at HHUMC.

I agree that photos or movie clips in which my face is recognizable may be used for publicity, etc. unless I send the committee, in writing, a letter indicating that no photos or movie clips in which my face may be recognized may be used.

My photo is attached and I understand that as an applicant for a Kaebnick Scholarship, I must schedule an interview with the Scholarship Committee at HHUMC each year that I reapply.

***I certify that the information in this application is true and complete to the best of my knowledge and understanding.***

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_