

# MYAC 2012 Scholarship Application

## *CHURCH INFORMATION*

Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_

\_\_\_\_\_

Church Phone: (    ) \_\_\_\_\_

Church Email: \_\_\_\_\_

District: \_\_\_\_\_

---

---

## *PERSONAL INFORMATION*

Name: \_\_\_\_\_

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

\_\_\_\_\_

Home Number: (    ) \_\_\_\_\_

Cell Number of Attendee: (    ) \_\_\_\_\_

Will You Have This Phone With You At MYAC:

- Yes
- No

Email of Attendee: \_\_\_\_\_

Attending As (Check One):

- Student
- Adult Leader

**Mail To:**  
Young Persons Ministry  
PO Box 1147  
Jackson, MS 39215

**Email To:**  
frank@mississippi-umc.org  
**Fax To:**  
601-948-5982

E s s a y Q u e s t i o n s  
*You May Want To Answer These On A Separate Sheet of Paper*

**1) What kind of participation do you have in your church?**

**2) What do you hope to gain from your experience at MYAC?**

**3) What would you like to see the United Methodist Church do different in order to reach more young people like you?**

**4) Is your church giving you any funds? If so, how much?**

**Yes :: \$**\_\_\_\_\_

**No**

**Mail To:**  
Young Persons Ministry  
PO Box 1147  
Jackson, MS 39215

**Email To:**  
frank@mississippi-umc.org  
**Fax To:**  
601-948-5982