



Spartanburg Methodist College
Financial Aid Office
1000 Powell Mill Road ♦ Spartanburg, SC 29301
Office: 864-587-4203 ♦ **Fax:** 864-587-4382
www.smcsc.edu ♦ **Email:** finaid@smcsc.edu

UNITED METHODIST CHURCH SCHOLARSHIP RECOMMENDATION FORM

Annual Award Amount: \$1,000-\$2000

How to qualify:

1. You must be a member of a United Methodist Church.
2. Your pastor must complete and return the United Methodist Recommendation Form

SECTION A: Student Information

Last Name	First Name	Middle Name	SMC ID
Email Address			Cell or Alternate Phone Number

SECTION B: Information to be supplied by Pastor

Check all that apply:

The student listed above is an active member of the United Methodist Church and has been an active member for at least one year.

The student listed above is the child of a United Methodist Church pastor.

Name of Parent: _____ Church where Parent actively leads: _____

Date of student's confirmation/membership vows: (Month/Year) _____ / _____

Name of Student's Active Church: _____

Church Address: _____

Email Address and/or Telephone Number: _____

Signature of Pastor: _____ Date: _____

Please return the completed form to Spartanburg Methodist College. Once we receive the United Methodist Recommendation Form, we will then add the scholarship to the student's financial aid offer.