Application due April 30, 2024. Please email this application and attachments to Heritage District Superintendency Committee contact Rev. David Joyner (djoyner@nccumc.org)

Student Name (First, Middle, and Last	t)		
Contact Information: Phone	(email	
Permanent Mailing Address:			
City	State	Zip Code	
Expected graduation date from High	School?		-
Expected graduation date from Colle	ge?		-
Anticipated start date for College/ Ur	niversity/ Continui	ng Education:	
Proof of Identity: Please send a copy Driver's License, Stat ID Card]			
Enrollment Status: Full Time:	Part Time:		
Intended Degree/ Program:			
Cumulative High School GPA:	High Scho	ool Class Ranking:	
Last College Attended:			Date Attended:
College GPA: Hours	completed:	·	
Degree Sought:		Date	Completed:

Please attach a sheet with answers to the following questions

(100 words or less for each question is requested.)

- Describe your participation in the life of a Heritage District church or ministry. If you are in college, describe your current church ministry participation.
- How does your faith inform your life?
- Describe why you are applying for this scholarship.
- What accomplishment(s) are you most proud of?
- Describe how you hope this degree program will impact your life.