

The Ardath Gibson Scholarship

2025

First United Methodist Church Duluth MN

Personal Information

Full Name: _____ Date of Birth: _____

Address: _____

Email: _____ Phone: _____

High School Graduation Date: _____

High School GPA and Educational Honors/Awards: _____

College/University attending/enrolled: _____

Educational Position:

☐

High School Senior

☐

College Freshman

☐

College Sophomore

☐

College Junior

☐

College Senior

College GPA and Educational Honors/Awards: _____

Describe Area of Study: _____

How long have you or your family been a member of FUMC? _____

What church activities have you participated in? _____

What other information would you like to share? _____

Declaration:

By submitting this application, I confirm that the information provided is accurate, and I understand that any false statements may disqualify me.

Signature

Submit with all other documents by either:
Mailing to FUMC, 230 E. Skyline Parkway, Duluth, MN 55811 or
Email to pamela.brown@reliabilitysolutions.us