The Margaret Swanberg 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