

**MABEL HEIL SCHOLARSHIP APPLICATION  
WISCONSIN CONFERENCE UNITED METHODIST WOMEN**

Please Print

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Birth Date \_\_\_\_\_

1. Local Church:

Name & City \_\_\_\_\_

Pastor \_\_\_\_\_

Are you a member of United Methodist Women? \_\_\_\_\_

2. Activities:

In United Methodist Women \_\_\_\_\_

In your local church \_\_\_\_\_

In the community \_\_\_\_\_

3. Education: (Give year of graduation) High School \_\_\_\_\_ College \_\_\_\_\_ Other \_\_\_\_\_

School you will be attending \_\_\_\_\_

Have you been accepted as a student? yes \_\_\_\_\_ no \_\_\_\_\_

Present (post high school) status:

Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_ Graduate \_\_\_\_\_ Other \_\_\_\_\_

Course of study \_\_\_\_\_

4. Family Status \_\_\_\_\_

5. Please answer the following question using an additional sheet:

IN WHAT WAY DO YOU CONSIDER YOURSELF A WORTHY STUDENT?

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