

ENDOWMENT COMMITTEE

GRACE UNITED METHODIST CHURCH
1120 17th Street South Moorhead, MN 56560

2025 OFFUTT SCHOLARSHIP APPLICATION

Name: _____ M _____ F _____

Address: _____

City: _____ State _____ Zip _____

Telephone: _____ SSN: _____

E-mail: _____

Parent(s) / Guardian(s): _____

High School: _____ Year Graduated _____

School you plan to attend: _____

School Activities: (include years of involvement and offices held):

Civic and Church Activities (years and offices held):

Work History: (please list employers, years worked, and average number of hours worked per week):

Offutt Scholarships you have received in preceding years:

On a separate sheet of paper, please submit a statement of your educational and career goals.

Signature of Applicant

Date