

Jane S. Glenn Memorial Endowed Scholarship

Application

Name: _____

Address: _____

Phone: _____

Email: _____

High School: _____

GPA: _____

Name of Accredited College or University you are attending:

Please provide a brief description of your demonstration of diligence and commitment to your studies, academic excellence, and service to your community.

Please include two letters of recommendation dated during the current school year, one of which must be from a teacher or instructor; a statement on why the applicant should be a recipient of the scholarship, and an official copy of the applicant's latest grade transcript.

Please make sure application is postmarked no later than August 1 of the current year.

Mail to:

Jane S. Glenn Memorial Endowed Scholarship
Metropolitan Community Church of the Blue Ridge
5000 Carriage Drive
Roanoke, VA 24018