



SYCAMORE UNITED METHODIST CHURCH
160 JOHNSON AVENUE
SYCAMORE, IL 60178
www.sycamoreumc.org/
PHONE: 815-895-9113
FAX: 815-895-1042

**KAREN S. PALM-HALE-HAGEN
NURSING MEMORIAL UNITED
METHODIST ENDOWED SCHOLARSHIP**

2026 HAGEN SCHOLARSHIP APPLICATION *(Please use black ink)*

(USE THIS APPLICATION ONLY WHEN APPLYING FOR THE KAREN S. PALM-HALE-HAGEN NURSING MEMORIAL SCHOLARSHIP)

NAME _____ **DATE** _____

ADDRESS _____

CITY, STATE, ZIP _____

AGE _____ **CLASS - CURRENT YEAR (9/25-6/26):** ___ FROSH ___ SOPH ___ JUNIOR ___ SENIOR ___ OTHER

SCHOOL CURRENTLY ATTENDING (9/25-6/26) _____

COLLEGE/UNIVERSITY YOU WILL ATTEND 9/26-6/27: _____

LOCATION: _____ **MAJOR** _____

ANTICIPATED VOCATION OR CAREER _____

COMMUNITY ACTIVITIES (INCLUDE LEADERSHIP ROLES) _____

CURRENT: _____

PREVIOUS: _____

SCHOOL ACTIVITIES (INCLUDE LEADERSHIP ROLES): _____

CURRENT: _____

PREVIOUS: _____

PERSONAL STATEMENT _____

******* APPLICATION DEADLINE IS MARCH 31, 2026 *******