

Boone United Methodist Women's Education Fund

Scholarship Application Form

It is the mission of the Boone United Methodist Women to offer scholarships to deserving applicants to assist with their financial needs at post high school levels. **There are NO restrictions based on the age, race, religion, or gender of the applicants.** The scholarship amount ranges from \$500 to \$1000. Announcements of awards will be made by May 1st. Priority will be given to undergraduate studies OR non-traditional/adult students. The scholarship committee will not know the identity of the applicant, so please be complete in answering all questions.

The criteria for this scholarship include:

1 - A resident of Watauga County OR a member of Boone UMC OR a recognized participant of Boone UMC.

2 - Attending a NC community college, OR East Tennessee State University, OR one of the 16 NC 4-yr Public Universities (ASU, East Carolina University, Elizabeth City State University, Fayetteville State University, North Carolina A&T State University, North Carolina Central University, NC State, UNC Asheville, UNC Chapel Hill, UNC Charlotte, UNC Greensboro, UNC Pembroke, UNC Wilmington, UNC School of the Arts, Western Carolina University, Winston-Salem State University).

3- Demonstrate financial need with the help of the Student Aid Report (SAR), see page eight of the application.

4 - Two letters of recommendation. (As a member or participant of Boone UMC, one letter of recommendation MUST be from a leader, director, or minister of Boone UMC.)

Any exceptions to the above stated criteria are at the discretion of the scholarship committee and must be submitted in writing with the application.

Deadline for Applications is March 31st.

Applications can be submitted to BUMC church office, 471 New Market Blvd, Boone, NC 28607, ATTN: Jennifer Whittington. The office is open Monday through Thursday from 9:00 am to 5:00 pm. If you prefer, you may email a PDF of the application to Denise Stanley at dwstanley2529@aol.com. When the application is received by the scholarship committee, you will receive a confirmation email.

For questions or additional information contact Denise Stanley, Chairman of the Scholarship Committee.

**Boone United Methodist Women's Education Fund
Scholarship Application Form**

Student Information

_____ (leave blank for committee usage)

Student's full name: _____

Home telephone: _____ Cell phone (optional): _____

Email address: _____

Physical address and mailing address if different:

Date of Birth: ___/___/___ Gender: _____

Member or active participant of Boone UMC: _____ Watauga County Resident: _____

Have you ever been arrested or charged with an offense other than a minor traffic violation? ____

Have you ever been dismissed or suspended from school (HS Students only)? ____

If you answered "YES" to either of these questions, please submit an explanation.

Parents or Guardians

Father's full name: _____

Address: _____

Occupation: _____

Mother's full name: _____

Address: _____

Occupation: _____

List all other family members and ages in the household:

Educational Information

_____ (leave blank for committee usage)

Name of School: _____ Graduation Date _____

GPA _____ Weighted _____ Unweighted _____

Significant Honors/Awards/Clubs/Special Programs/Conferences (List in order of importance to you.)

Name of School: _____ Graduation Date _____

GPA _____ Weighted _____ Unweighted _____

Significant Honors/Awards/Clubs/Special Programs/Conferences (List in order of importance to you.)

Name of School: _____ Graduation Date _____

GPA _____ Weighted _____ Unweighted _____

Significant Honors/Awards/Clubs/Special Programs/Conferences (List in order of importance to you.)

Personal Information

(leave blank for committee usage)

List up to 5 school, community, or faith based activities you have participated in. (List in order of importance to you.)

1). Activity: _____
Contact Name: _____
Type of Involvement: _____
Describe Involvement: _____

Year				
Hours/Wk				
Weeks/Yr				

2). Activity: _____
Contact Name: _____
Type of Involvement: _____
Describe Involvement: _____

Year				
Hours/Wk				
Weeks/Yr				

3). Activity: _____
Contact Name: _____
Type of Involvement: _____
Describe Involvement: _____

Year				
Hours/Wk				
Weeks/Yr				

4). Activity: _____
Contact Name: _____
Type of Involvement: _____
Describe Involvement: _____

Year				
Hours/Wk				
Weeks/Yr				

5). Activity: _____
Contact Name: _____
Type of Involvement: _____
Describe Involvement: _____

Year				
Hours/Wk				
Weeks/Yr				

Personal Information (continued)

(leave blank for committee usage)

List any hobbies or special interests.

Of your activities or interests, what has shaped or fulfilled you the most?

Describe an undertaking that demonstrated your leadership or self-discipline? How did you become involved and what were the results?

Educational Plans

(leave blank for committee usage)

Name of institution you wish to attend:

Have you applied for admissions? Yes _____ No _____

Have you been accepted? Yes _____ No _____

Please list your educational plans and career interests:

List any requested financial aid, scholarships and loans and give status of these requests:

What idea from your studies or life experiences has challenged your intellect or imagination?
Why?

What other information would you want the committee to consider when evaluating your application?

Employment Information

(leave blank for committee usage)

1). Employer: _____
Position: _____
Contact: _____
Dates of Employment: _____

Hours/Month	
Salary/Month	

2). Employer: _____
Position: _____
Contact: _____
Dates of Employment: _____

Hours/Month	
Salary/Month	

3). Employer: _____
Position: _____
Contact: _____
Dates of Employment: _____

Hours/Month	
Salary/Month	

4). Employer: _____
Position: _____
Contact: _____
Dates of Employment: _____

Hours/Month	
Salary/Month	

5). Employer: _____
Position: _____
Contact: _____
Dates of Employment: _____

Hours/Month	
Salary/Month	

Financial Information

(leave blank for committee usage)

The Head of Household in which the applicant resides must complete the Free Application for Federal Student Aid (FAFSA) that will result in the preparation of a Student Aid report (SAR). It is your responsibility to complete the FAFSA application (available online at www.fafsa.ed.gov) and to provide a copy of your SAR to us, with the completed scholarship application, as documentation of financial need. The SAR information is located on the FIRST page of the processed FAFSA. If you cannot obtain the SAR before the due date of the application, please consult the scholarship administrator for further instruction.

References

List name, address, phone number and title of two references not related to you and include a letter of reference from each. *One letter of reference MUST be from a teacher or an employer. If you are a member or participant of Boone UMC, one letter MUST be from a leader, director, or minister of Boone UMC.*

1). _____

Teacher or Employer
(Please Circle)

2). _____

Boone UMC or Other
(Please Circle)

The information submitted herewith is my own work and represents accurately my achievements. I have personally engaged in all activities listed and I authorize the scholarship committee to utilize this information to contact any person listed. I understand that the committee may use this information as it deems appropriate and I waive any right of access that I may have.

Student's Signature

Date