



# GENERAL NAMED ENDOWED SCHOLARSHIP APPLICATION



*For the 2018-2019 School Year*

*Basic*  
**CRITERIA**  
*for Eligibility:*

- Must be an active, full member of The United Methodist Church for at least one year prior to applying.
- Must be enrolled or planning to enroll in a full-time degree program (graduate or undergraduate) at a United Methodist-related college or seminary in the United States
- Doctoral (Ph.D.) candidates are not eligible at this time.

*Basic*  
**INFORMATION:**

The United Methodist Higher Education Foundation (UMHEF) General Application is used for a number of named scholarship funds established by various donors. Some of the funds stipulate that applicants meet certain eligibility criteria, i.e., resident of specific conference, majoring in specified field, etc. Scholarship fund descriptions are available at [www.umhef.org](http://www.umhef.org).

**PLEASE SUBMIT PAPER OR ONLINE APPLICATION-NOT BOTH.**

**You may apply for both UM Dollars for Scholars AND General Named Endowed Scholarships, but will only be awarded one.**

**DEADLINE:** Application and all required documents must be postmarked no later than **March 1, 2018**. Applications will be accepted beginning January 2 each year for the following academic year. Faxes or photocopies of completed application and supporting documentation will not be accepted.

*Application*  
**PROCESS:**

1. **Complete in full.** Every question must be answered and all sections of the form must be completed; please type or print legibly.
2. Applications **not complete** by the deadline date will not be considered by the Scholarships Committee.
3. An **Official Transcript** (no copies) of your most recent academic work (with grades through Fall Semester) must be submitted with your application.
4. **Letters of Recommendation** – Instructions for each letter are printed on page 5 of the application. It is important that these letters be enclosed with your complete application when it is mailed to UMHEF.
5. Applicant's **photograph and essay** – On a separate sheet of paper, write an essay of 200 words or less, including information as indicated in Applicant's Essay Guidelines on page 5 of the application.
6. **SUBMIT EITHER PAPER OR ONLINE APPLICATION, not both.** Applicant will be considered for only one award from UMHEF funds during an academic year. Scholarship fund descriptions are available at [www.umhef.org](http://www.umhef.org).
7. You are urged to have your completed application (including transcript, recommendation letters and essay) in the UMHEF office at least one month before the **deadline date of March 1, 2018**.

*Get details on our website at:*

[WWW.UMHEF.ORG](http://WWW.UMHEF.ORG)

Mail completed application and all required documents to:  
United Methodist Higher Education Foundation  
**UMHEF Scholarships Administrator**  
PO Box 340005  
Nashville, TN 37203-0005

# 2017 UMHEF General Named Endowed Application



Student's full name \_\_\_\_\_  Male  Female  
first middle last

Social Security # \_\_\_\_\_ Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_

Permanent mailing address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_ (Mobile/Cell) \_\_\_\_\_

Ethnic group:  Caucasian  Black  Pacific Islander  Other  
 Asian  Latin American/Hispanic  Native American/Native Alaskan

Are you the first person in your immediate family to attend college?  Yes  No

UM school you plan to attend \_\_\_\_\_ School City/State \_\_\_\_\_

Classification in the coming fall semester: Undergraduate:  Freshman  Sophomore  Junior  Senior

Seminary/Graduate/Professional:  First  Second  Third

Will you be enrolled full time in the fall? \_\_\_\_\_ Current GPA (most recent transcript) \_\_\_\_\_

Degree working toward (e.g. BA, BS, MA, MDiv) \_\_\_\_\_ Major \_\_\_\_\_

For what career are you preparing? \_\_\_\_\_

Will you serve the church in a professional capacity? How? \_\_\_\_\_

If you're in Seminary, do you plan to serve as an  Elder  Deacon  Chaplain  No or N/A

What is your conference status?  Certified Candidate  Local Pastor License  Associate Member  
 Probational member  Full Member

Are you a full and active member of The United Methodist Church (for at least one year)?  Yes  No

Official name of church where you are currently an active member \_\_\_\_\_

Church Mailing Address \_\_\_\_\_ Annual Conference \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Pastor's Name \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Institutions of Higher Education Attended; list current school first:

Institution	Dates Attended	Degree Earned	Major	Grade Point Average
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any academic honors, awards, etc. you have received  
\_\_\_\_\_  
\_\_\_\_\_



GENERAL NAMED ENDOWED APPLICATION CONT'D

What factors, if any, should be taken into consideration in evaluating your academic record?

\_\_\_\_\_

Will you be working during the college year? \_\_\_\_\_ State briefly any paid employment you have had or now have:

Title or Position	Employed by	Type of Work	Employment Dates
_____			
_____			
_____			

Father's name(s) \_\_\_\_\_ Occupation \_\_\_\_\_

Mailing address \_\_\_\_\_  
Street Address or PO Box City State/Zip

Phone number \_\_\_\_\_ E-mail address \_\_\_\_\_

Mother's name(s) \_\_\_\_\_ Occupation \_\_\_\_\_

Mailing address \_\_\_\_\_  
Street Address or PO Box City State/Zip

Phone number \_\_\_\_\_ E-mail address \_\_\_\_\_

If applicant is under age 24, check the range of your parents' gross annual income.

- \$0-\$24,999
- \$25,000-\$49,999
- \$50,000-\$99,999
- \$100,000-\$149,999
- \$150,000+
- Not Applicable

Please indicate whose income is reflected in this amount \_\_\_\_\_

If applicant is under age 24, indicate how many persons are dependent on your parents' income and their ages:

\_\_\_\_\_



# FINANCIAL STATEMENT

This statement **MUST BE COMPLETED** before your scholarship request can be reviewed

FINANCIAL AID IS REQUESTED FOR ACADEMIC YEAR \_\_\_\_\_ - \_\_\_\_\_

<b>INCOME AVAILABLE</b>	
to meet expenses for the academic year:	
Personal funds (cash, savings, etc.)	1. \$ _____
Total summer earnings \$ _____	
Summer earnings available for school	2. \$ _____
Expected earnings for academic year	3. \$ _____
Parental support	4. \$ _____
Spouse's income available academic year	5. \$ _____
Assistantships	6. \$ _____
Have you completed the FAFSA? <input type="checkbox"/>	<input type="checkbox"/>
If yes, what is the expected parental contribution	7. \$ _____
Scholarships from your school (itemize)	
_____	8. \$ _____
_____	9. \$ _____
_____	10. \$ _____
Scholarships - Other (itemize) <i>Include Source/Name</i>	
_____	11. \$ _____
_____	12. \$ _____
Grants Federal/State (itemize)	
_____	13. \$ _____
_____	14. \$ _____
Loans Approved or Anticipated (itemize)	
_____	15. \$ _____
_____	16. \$ _____
Other income (itemize) <i>example - Gifts or trust funds</i>	
_____	17. \$ _____
_____	18. \$ _____
_____	19. \$ _____
<b>TOTAL INCOME:</b>	\$ _____
<small>(add lines 1-19)</small>	

<b>COST OF ATTENDANCE</b>	
(Confirm w/ financial aid office)	
Tuition	20. \$ _____
Fees	21. \$ _____
Books	22. \$ _____
<b>TOTAL COST OF ATTENDANCE</b>	23. \$ _____
<small>(add lines 20-21)</small>	
Housing <input type="checkbox"/> On Campus <input type="checkbox"/> Off Campus	24. \$ _____
<input type="checkbox"/> Other (explain) _____	
Food	25. \$ _____
Clothing	26. \$ _____
Medical care	27. \$ _____
Transportation to and from school for the academic year (itemize)	
_____	28. \$ _____
_____	29. \$ _____
_____	30. \$ _____
Other expenses for the academic year (itemize)	
_____	31. \$ _____
_____	32. \$ _____
_____	33. \$ _____
<b>TOTAL EXPENSES:</b>	\$ _____
<small>(add lines 23-33)</small>	

**Please note:** On a separate sheet describe any unusually high expenses. (Additional itemized expenses may also be listed.) Special circumstances that may affect your financial situation should be explained.

**PLEASE FILL IN EVERY LINE WITH A NUMBER, A ZERO OR A N/A.**

If you are a self-supporting student, list number of dependents (explain) \_\_\_\_\_

**Have you applied for other financial aid** for the academic year not listed above?

**If yes,** name sources \_\_\_\_\_

**If approved,** list amount you will receive (or have received) from each source \_\_\_\_\_

List educational loans unpaid for prior years:	Source:	Amount:
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

## LETTERS OF RECOMMENDATION

Enter the name and relationship of the persons writing your letters of recommendation in the blanks below. **The letters of recommendation should be SIGNED and enclosed with your application.** If there is a question about this requirement, you may contact the UMHEF by email: umhefscholarships@ umhef.org OR by telephone: 615-649-3990, or toll free at 1-800-811-8110.

1. The Pastor of The United Methodist Church where you are currently an active member. If you are a student pastor or a certified candidate for ministry, the letter of recommendation should be from your district superintendent or supervising pastor.

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Name	Relationship
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2. A **teacher/college professor/instructor** who has taught you **this academic year**. If you have not been in school in the past two years, you may request this reference from a recent employer.

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Name	Relationship
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## APPLICANT'S ESSAY & PHOTO GUIDELINES

Attach a PHOTOGRAPH OF APPLICANT along with a written ESSAY in 200 words or less (must be typed or word processed) describing your leadership responsibilities and activities during the past three years, including your current activities and goals as follows:

### For Incoming Freshman:

Involvement and/or leadership responsibilities in your church, high school, and community within the last three years

### For All Other Applicants:

Involvement and/or leadership responsibilities in your church, college, and community within the last three years

## APPLICANT'S PLEDGE

I understand that to the best of my knowledge, the information contained in this application is correct and complete. I understand it is **my responsibility** to ensure all requested documents (transcript, recommendation letters, essay) are received by UMHEF no later than the deadline date of March 1, 2017.

By submitting this application, you are giving UMHEF permission to use your picture and/or statement in print (e.g. public relations materials) to promote the Foundation, and also to release your information to external church-related sources (e.g. annual conference newspapers) for possible use in publications.

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Student's signature

Date

**Deadline: Application and all required documents must be submitted by March 1, 2017. Faxes or photocopies of completed application and supporting documentation will not be accepted.** This form may be reproduced. Applications may also be downloaded from [www.umhef.org](http://www.umhef.org). If you have questions, contact the UMHEF Scholarship Office by email: [umhefscholarships@umhef.org](mailto:umhefscholarships@umhef.org) OR by telephone at: 615-649-3990 or toll free or toll free at 1-800-811-8110.

**Mail completed application and required documents to:**

**United Methodist Higher Education Foundation - Scholarships Administrator  
P.O. Box 340005  
Nashville, TN 37203-0005**

## APPLICATION CHECK LIST

UMHEF will NOT send an incomplete application to the Scholarship Review Committee. Read questions carefully to eliminate delays and the possibility of your application not being reviewed. Before mailing your application papers, read and check off the following:

- |  |   |
|--|---|
| <input type="checkbox"/> Have you answered every question and/or written a response in every blank on the application? | <b>How did you hear about us?</b>   |
| <input type="checkbox"/> Is your official transcript enclosed?   | <input type="checkbox"/> Church Pastor or Youth Minister                      |
| <input type="checkbox"/> Are your letters of recommendation signed and enclosed?                                       | <input type="checkbox"/> Parent or relative                                   |
| <input type="checkbox"/> Did you include your essay and photo?   | <input type="checkbox"/> Our website, brochure or other promotional material? |
| <input type="checkbox"/> Are you aware of the deadline date?   | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Did you remember to sign the application?   |   |

**You are urged to have your completed application in the UMHEF office at least one month before the deadline date of March 1, 2017.**



# UMHEF GENERAL NAMED ENDOWED SCHOLARSHIP VERIFICATION OF ENROLLMENT FORM

UMHEF Scholarships Administrator  
P.O. Box 340005 • Nashville, TN 37203-0005  
(800) 811-8110 • (615) 649-3974 • umhefscholarships@umhef.org • www.umhef.org

## **PART ONE - TO BE COMPLETED BY THE STUDENT (AFTER CLASSES HAVE STARTED)**

**After classes have started for the FALL SEMESTER/QUARTER**, present this form to the Registrar for the verification of your enrollment. **IT IS YOUR RESPONSIBILITY TO SEE THAT THE FORM REACHES OUR OFFICE AT THE ABOVE ADDRESS BY THE DEADLINE OF OCTOBER 1, 2017.** If possible, you should wait for the Registrar to complete the form and mail it to our office yourself. We must have this form in our office before we can disburse your award. **Your scholarship check will be mailed to the Financial Aid Office at your school by November 15.**

Name of Scholarship Awarded \_\_\_\_\_

Student's Name (please print) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_  
Street Address/P.O. Box City State Zip

E-mail Address \_\_\_\_\_ Phone \_\_\_\_\_

I authorize \_\_\_\_\_ to release to the United Methodist  
School Name

Higher Education Foundation, all information requested below.

\_\_\_\_\_  
Student's Signature Date \_\_\_\_\_

## **PART TWO - TO BE COMPLETED BY THE REGISTRAR**

After classes have started for the Fall Semester/Quarter

The above student has been awarded a scholarship from the **United Methodist Higher Education Foundation**. This form should be completed by the Registrar verifying the student's enrollment for the Fall Semester/Quarter. In order for our office to have time to process the disbursement, verification of the student's enrollment must be received in Nashville at the address above **BY OCTOBER 1, 2017.** Faxed and/or photocopies of the data will not be accepted.

\_\_\_\_\_ is enrolled and classes have started for the Fall Semester/Quarter.  
Student's Name

**Number of Hours student is currently enrolled?** \_\_\_\_\_ **Number of Hours required for full-time status?** \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ School Name \_\_\_\_\_

Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

