

Golden Cross Health Care Scholarships

Board of Health and Welfare Ministries
South Carolina United Methodist Conference

1. United Methodists who have completed at least one semester's work toward a degree in nursing (excluding practical nursing) are eligible for consideration. Persons enrolled in programs such as physical therapy and medical technology will be considered according to available funds. Preference will be given to undergraduate students who are applying for the first time.
2. A transcript of the previous term's work must be submitted with application form.
3. The applicant must have a "C" average.
4. There must be evidence of financial need.
5. Two references are required – one of which must come from the applicant's pastor.
6. The applicant's pastor is asked to submit a separate statement giving his/her assessment of the applicant's situation. This statement is to be sent to the Connectional Ministries Office, 4908 Colonial Drive, Columbia, SC 29203.
7. Deadlines to submit applications are Jan. 15 and July 15 of each year. Scholarships are limited to one per 12-month period.
8. The Golden Cross Committee will consider all applications and award available scholarships. Six scholarships of up to \$2,000 each are available each school year (August-May).
9. Mail application to:

Connectional Ministries
Golden Cross Scholarship
4908 Colonial Drive
Columbia, SC 29203

Information: Call 888-678-6272 or 803-786-9486.

Application for Golden Cross Health Care Scholarship

Board of Health and Welfare Ministries

South Carolina United Methodist Conference

Name: _____ Date: _____

Home address: _____ School name & address: _____

Phone number: _____

Marital status: _____ Date of birth: _____ Gender: _____

If married, how many dependent children? _____ How many other dependents? _____

Source of support: Who contributes the major portion of your support? _____

Annual income: Self: _____ Spouse: _____
 Father: _____ Mother: _____

How many brother or sisters are at home? _____ How many brother or sisters are in college? _____

Your educational record:

School/college	City & state	Dates enrolled	Graduation date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any honors or awards you have received: _____

List extra-curricular activities (athletic, drama, music, etc.): _____

Describe any offices held in various organizations: _____

What year of school are you in? _____ When do you plan to graduate? _____

Indicate the degree you are seeking: Associate's degree Diploma (3 years) B.S. degree

Other (please specify): _____

Are you applying for other scholarships? Yes No If you have received other scholarships, please list them:

Have you previously received a Golden Cross Health Scholarship? Yes No If yes, when? _____

On a separate piece of paper, briefly describe why you want to be a nurse.

AGREEMENT:

If I am awarded a scholarship through Golden Cross, it is my intention to complete my health care education and to serve as a member of my profession. I agree to inform the scholarship committee of any other scholarship assistance I receive. I agree that this scholarship will be canceled if I change my plans. I agree that, should I withdraw before completing the work undertaken through this scholarship, I will repay the sum advanced by Golden Cross. I agree that these and all other credentials submitted by me, or by others on my behalf, shall become the property of the Board of Health and Welfare Ministries of the South Carolina Conference of the United Methodist Church.

Applicant's signature: _____ Date: _____

STATEMENT OF FINANCIAL NEED: (This should be signed by the person designated as providing the major support for the applicant.)

I certify that financial assistance is necessary for this applicant to complete his/her training to become a health care professional.

Signature: _____ Date: _____

Name of your church: _____

Address of your church: _____

Pastor's name: _____ Pastor's phone: _____

Pastor's signature: _____

**Your pastor is asked to submit a separate statement on your behalf.
This is a requirement for your application to be considered.**

Give the name and phone number for a reference other than your pastor and not a family member:

Name: _____ Phone: _____

Relationship to you: _____

A transcript of your previous term's work must be submitted with this application.

Application deadlines are Jan. 15 and July 15 of each year.

Please complete the application form and return to:

Connectional Ministries
Golden Cross
4908 Colonial Drive
Columbia, SC 29203