

Application for Janie Robinson Thomasson Memorial Scholarship through The Board of Higher Education and Campus Ministry

A \$500 scholarship is awarded annually from the Janie Robinson Thomasson Memorial Fund to a United Methodist student selected by the Scholarship Committee of the Conference Board of Higher Education and Campus Ministry. Preference shall be given to members of St. Paul United Methodist Church in Clover, South Carolina, or the Rock Hill District. All applicants must be a member and regular attendee of a United Methodist Church for at least one year. Students at a two-year institution are eligible to apply with evidence in writing of transferring to a four-year institution to complete a four year-undergraduate degree. The institution does not have to be within the bounds of South Carolina Annual Conference. Field of study shall not be a factor in awarding this scholarship.

Return completed application to: BHECM, ATTN: Scholarships, 4908 Colonial Drive, Columbia SC 29203. Deadline: March 25 annually.

Cumulative GPA: _____ Social Security Number: _____ Age: _____ Married Single

Full name: _____ Female Male

Mailing address: _____

Address	City	State	Zip	Telephone
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If married, give full name and occupation of spouse: _____

If you have children, give their full names and ages: _____

How many of the above children are dependent upon your income? _____

College attending in fall: _____

College	Street Address	City	State	Zip
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Classification in upcoming academic year: Freshman Sophomore Junior Senior First-Year Seminary

Ethnicity (demographic records only): White Asian/Pacific Islander Black Hispanic Native American/Inuit

Will you attend college the entire academic year? Yes No If no, explain: _____

For what career are you preparing? _____

How long have you been a member of the United Methodist Church? _____

Name/address of your local church:

Name	Address	City	State	Zip
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Pastor's name: _____ Telephone: _____

The following information is that of your parents or legal guardians. If you live with legal guardians, please provide the information in the spaces below, and then indicate the relationships to you in the space provided.

Father's name: _____ Occupation: _____

Mother's name: _____ Occupation: _____

Mailing address: _____

Address	City	State	Zip	Telephone
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Relationship to you: _____

Gross annual income: _____ Number and ages of persons dependent on that income: _____

Have you been awarded any other financial aid? Yes No If yes, how much? _____

Please have the following information completed by your high school Guidance Counselor or Registrar.

1. Is the above student in the upper 25% of his/her class? Yes No

2. Numerical high school average: _____

3. Class rank: _____

4. Total SAT or ACT Score: Verbal: Math:

Guidance Counselor's Signature: _____

School: _____

**THE FOLLOWING INFORMATION IS VERY IMPORTANT IN DETERMINING
THE RECIPIENTS OF THE SCHOLARSHIPS. ALL OF THE INFORMATION
MUST BE SUBMITTED FOR THE APPLICATION TO BE CONSIDERED COMPLETE.**

- Please attach a personal statement that describes your participation in projects and activities of church, school, and/or community.
- Please attach a passport-size photo, or a photo no larger than 3x5. This photo becomes the property of the Board of Higher Education and Campus Ministry and it will not be returned. *This photo is not for selection process, but for publicity.*
- Please attach an official transcript (college or high school) of all work to date.
- Please attach a statement regarding your need for financial assistance for the coming academic year.
- Please attach a letter of recommendation from your pastor.
- Please attach a general statement regarding your request. Include your philosophy of life, faith development, and what influenced you in selecting your career goal. Give any additional information that might be helpful.

Your signature below confirms that you agree to the usage of your photo and/or statement in print (e.g. public relations materials) to promote United Methodist Scholarships.

Signed: _____ Date: _____