2019 APPLICATION FORM 01.09.19

THE MANDEVILLE SCHOLARSHIP FUND

Applicant's Name		
(Please Print):	 	· · · · · · · · · · · · · · · · · · ·

This Scholarship Fund was created through a gift from Doris and Arthur Mandeville to the Epworth United Methodist Church of Palmyra, New Jersey. It is administered by the Epworth Mandeville Scholarship Committee.

GUIDELINES

- 1) Awards are being offered to <u>full-time graduate students</u>, as defined by the respective university, who are members of the United Methodist Church preparing for ordained ministry or Christian Education (<u>part time students</u>, as defined by the appropriate educational institution, are NOT eligible for this scholarship).
- 2) While awards are to be based upon financial need, such factors as academic scholarship, church involvement, and community involvement will also be considered in the evaluation process.
- 3) An applicant must be nominated by his or her local church and endorsed by the cognizant pastor. If the applicant is a pastor, then the nomination must be endorsed by the District Superintendent.
- 4) Awards shall be based upon the academic year.
- 5) Awards are to be made to a student as a part of that student's contribution to the cost of education. Every effort will be made to ensure that the award payment does not displace any other financial support to which the student may be entitled.
- 6) Scholarships are at the discretion of Epworth Mandeville Scholarship Committee. They are awarded for one year only, but may be re-awarded in subsequent years. Multiple awards may be granted in any given year.
- 7) Epworth Mandeville Scholarship Committee will not award scholarships to applicants who are not qualified, and reserves the right not to award a scholarship in a given year. Each check is issued jointly to the student and to the respective college/university.
- 8) All applicants should only fill out this form to be considered for this scholarship. **Substitute forms are** <u>not</u> permitted, except for the financial statement spreadsheet.

Nomination/Recommendation:						
Pastor or District Superintendent	Name (please print)	 (Date)				

Please type or print clearly. Use continuation pages whenever space on this form is inadequate.
Applicant Name:
Street:
City, State, Zip:
Phone # & Email address:
Last 4 digits of SS #:
Marital Status: Single Married No. of Dependents, if any
Education Information
School you will attend Fall Semester 2019:
Your class year this Fall:
You will be living: On Campus With Parents Independently
Your degree program/major is:
If attending Seminary, please provide the start date:
Your grade point average: Last Semester Cumulative
Your career goal is (include an additional page or separate attachment if necessary):

	·	_Yes
		Yes
	Iranscripts attached?	_Yes
High School:		
Church Inform	ation	
How long have you been a member of the United Me What is your local church/municipality?		
Activities		
Identify any school, church, or community activities i and/or lead	n which you have actively participated	l
Identify any special recognition/ awards/ honors you	have received:	
Your current employment status is:		

Аp	plication St	catement:		
Th	e informati	on provided in my application is, to the be	est of my knowledg	e, complete and
ac	curate, and	l I understand that false statements on the	is application may d	disqualify me from
со	nsideration			
—		A l' l . C'		
		Applicant's Signature		Date
		IMPORTAN	T	
	INS	tion provided in my application is, to the best of my knowledge, complete and d I understand that false statements on this application may disqualify me from		
thi ab Ch att	is scholarsh out your Ch urch after y	ip. This should <u>not</u> focus on financial read pristian commitment and please explain h you have graduated. This presentation ca	sons. Be sure to inc now you plan to ser n include different	clude information ve the Methodist video and/or photo u. Please limit to 2-3
an ed	d estimated ucational e	d annual expenses should be provided on xpenses. Please be specific about your fin	a separate sheet in ancial needs. We	ncluding anticipated recommend that you if you desire.
	-		expenses.	
be	postmarke	ed by March 31, 2019	, ,	vorth by 03.31.19.
5)	Mail to:	Epworth United Methodist Church Attention: Planned Giving Committee, 501 I	·	
	Email to:	mandeville.epworthumc@gmail.com		

APPLICATION DEADLINE IS MARCH 31st, 2019

Note: Application and all Transcripts must be postmarked by 03.31.19

"SUGGESTED" BUDGET SPREADSHEET

NOTE: Submit this worksheet or your own version

CATEGORY	MONTHLY BUDGET	MONTHLY ACTUAL	SEMESTER BUDGET	SEMESTER ACTUAL	SCHOOL YR BUDGET	SCHOOL YR ACTUAL
LIST INCOME (such as):						
Jobs/Employment (W2)						
Student Loans						
Scholarships						
Financial Aid						
Miscellaneous						
Other						
INCOME SUBTOTAL						
EXPENSES (such as):			-			
Rent or Room & Board		-				
Utilities		-				
Tuition/Fees				,		
Food/Groceries						
Car Loan/Transportation						
Insurance						
Gasoline/Oil						
Car Maintenance						
Entertainment						
Books/Supplies						
Phone						
Computer/Internet						
Miscellaneous Expense		-	-	,		
EXPENSES SUBTOTAL		-	-	1		
1		-	-	1		
NET INCOME (INCOME LESS EXPENSES)						