



Martha Lynn and Felix Thompson

# **The Thompson Scholarship**

**St. James United  
Methodist Church  
Little Rock, AR**

**Application  
Form**

## **St. James United Methodist Church Thompson Scholarship Fund**

### **Structure:**

1. Official Name: to be known as The Felix and Martha Lynn Thompson Scholarship
2. The objective of this scholarship is to assist a qualified student who will enter college this fall.
3. The Scholarship Selection Committee shall be composed of five (5) persons who shall be appointed by the Facilitator (s) of the Scholarship Committee and meet these criteria:
  - a. A desire to serve on the Committee
  - b. Are active members of St. James United Methodist Church
  - c. The majority of the members are ones who know the youth of St. James
  - d. One member who may or may not know the youth, but can evaluate how they present themselves.
  - e. Martha Lynn and Felix Thompson as facilitators are not members of the committee.
4. The applicant:
  - a. Any graduating high school senior who has been a ***full, active member of St. James United Methodist Church for one year*** prior to the receipt of the application by the Scholarship Committee is eligible to apply.
  - b. Applications will be accepted between March 1<sup>st</sup> and May 1<sup>st</sup> of each year.
  - c. May 1<sup>st</sup> is the deadline for ***receiving*** applications in the ***Music or Church Office***.
  - d. Application forms must be completed by the applicant.
  - e. The applicant is asked to include a recent photo of himself/herself with the Application form.

### **Operation:**

1. The scholarship recipient will be announced at the annual handbell concert at St. James United Methodist Church or if there is no concert, at another designated time.
2. The Scholarship amount shall be determined by the Scholarship Committee Facilitator in conjunction with the St. James UMC Church Administrator, who will confirm funds available in The Felix and Martha Lynn Thompson Scholarship Endowed Fund Spending Account held at The Methodist Foundation for Arkansas.

**Thompson Scholarship Application Form**

(To be completed by applicant)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

9 DIGIT ZIP CODE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CONDITION OF HEALTH (PERSONAL) \_\_\_\_\_

(FAMILY \_\_\_\_\_)

ARE YOU CLAIMED AS A DEPENDENT \_\_\_\_\_

PARENT'S NAME, ADDRESS, & PLACE OF EMPLOYMENT \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Education**

HIGH SCHOOL ATTENDED \_\_\_\_\_

HONORS, AWARDS, RECOGNITIONS RECEIVED \_\_\_\_\_

\_\_\_\_\_  
COLLEGE PLANNING TO ATTEND \_\_\_\_\_

DEGREE SEEKING \_\_\_\_\_ MAJOR FIELD OF STUDY PLANNED \_\_\_\_\_

PROFESSION/CAREER PLANNED AFTER GRADUATION \_\_\_\_\_

DO YOU PLAN TO BE A FULL-TIME STUDENT (according to the standards set by the college or university) \_\_\_\_\_

DESCRIBE YOUR FINANCIAL SITUATION AND WHY THIS SCHOLARSHIP IS NEEDED: \_  
\_\_\_\_\_  
\_\_\_\_\_

LIST OTHER FINANCIAL ASSISTANCE (LOANS, SCHOLARSHIPS, ETC.) YOU ARE RECEIVING OR WILL RECEIVE \_\_\_\_\_

**Activities**

LIST COMMUNITY & SCHOOL ACTIVITIES IN WHICH YOU ARE INVOLVED. \_\_\_\_\_

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**Employment**

LIST PLACES AND DATES OF EMPLOYMENT IN CHRONOLOGICAL ORDER. INCLUDE WORK SUPERVISOR'S NAME FOR EACH PLACE OF EMPLOYMENT. \_\_\_\_\_

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**References**

PROVIDE LETTERS OF REFERENCE FROM AT LEAST 3 OF THE FOLLOWING CATEGORIES: ST. JAMES UMC MEMBER, EMPLOYER, TEACHER, COUNSELOR, MINISTER, MEMBER OF THE BUSINESS COMMUNITY, NEIGHBOR.

PROVIDE A BRIEF FAMILY HISTORY IN WHICH YOU DESCRIBE YOUR RELATIONSHIP TO ST. JAMES UMC, INCLUDING THE YEAR YOU BECAME A MEMBER OF ST. JAMES. INCLUDE LOCAL, DISTRICT, AND CONFERENCE LEVEL ACTIVITIES IN WHICH YOU ARE INVOLVED. \_\_\_\_\_

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OTHER INFORMATION WHICH WILL BE HELPFUL TO THE SCHOLARSHIP SELECTION COMMITTEE AS THEY REVIEW YOUR APPLICATION: \_\_\_\_\_

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**Counselor Certification**

**ALL APPLICANTS MUST HAVE THIS SECTION COMPLETED BY THEIR HIGH SCHOOL COUNSELOR.**

**STUDENT IS RANKED \_\_\_\_\_ IN A CLASS OF \_\_\_\_\_ STUDENTS**

**ACT COMPOSITE SCORE \_\_\_\_\_ OR SAT SCORE \_\_\_\_\_**

**STUDENT'S GRADE POINT AVERAGE \_\_\_\_\_ ON A 4.0 SCALE**

**PLEASE ATTACH THE STUDENT'S CURRENT ACADEMIC TRANSCRIPT TO THIS APPLICATION.**

**COUNSELOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

**TO THE BEST OF MY KNOWLEDGE, I HAVE GIVEN ACCURATE INFORMATION ON THIS APPLICATION.**

\_\_\_\_\_  
**(Applicant's signature)**

\_\_\_\_\_  
**(Date)**