

St. James United Methodist Church Thompson Scholarship Fund

Structure:

1. Official Name: to be known as The Thompson Scholarship Fund
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 at least five (5) persons who shall be appointed by the Senior Minister of Music at St. James United Methodist Church.
 - a. A lay representative of the Music Ministry
 - b. A volunteer worker with the youth
 - c. A member of the Administrative Board of St. James
 - d. A member of the Board of Trustees
 - e. An at-large member from the St. James congregation

This committee will also determine the amount of the scholarship to be awarded.

4. The applicant:
 - a. Any graduating high school senior *who is a member* of St. James United Methodist Church is eligible to apply.
 - b. Applications will be accepted between March 1st and May 1st of each year.
 - c. May 1st is the deadline for *receiving* applications in the *Music 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.
2. The amount of the scholarship will be determined by the Scholarship Committee and will be a distribution from the interest earned on the Thompson Scholarship Fund during the past year.
3. The scholarship funds will be invested and administered by the United Methodist Foundation of Arkansas.

Thompson Scholarship Application Form

(To be completed by applicant)

NAME _____

ADDRESS _____

_____ **PHONE** _____

DATE OF BIRTH _____

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. _____

Employment

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

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. _____

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

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)