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# **Board of Higher Education- 2016 GNJAC Scholarship Application Instructions**

The following seven (7) items are needed for your scholarship packet to be considered complete. The applicant is responsible for making sure that their scholarship packet is complete and received in the Conference Office in person or postmarked by March 31, 2016 (the deadline). **The scholarship committee will not consider incomplete scholarship packets.**

**Check list:**

**(1) 2016 GNJAC Scholarship Application Form:** Check the scholarships for which you are applying and eligible. Complete the form fully. **Applicant and applicant’s pastor signature are required.** Please type or print in ink on this form. Be sure that the informa­tion is clear and legible. Remember that this form will be photocopied for committee members. Your application will not be considered if this form is incomplete.

**(2) Transcript:** An official transcript of your most recent available grades, including your cumulative GPA, must be sent to the Scholarship Committee. Your application will not be considered without this transcript.

**(3) Letter of Recommendation:** Please invite someone to write a one-page letter of recommendation. This letter can come from your pastor, a teacher, or other person who knows you well. The person writing the letter must include their relationship to you and what their position is in the church (if applicable). The letter must be signed and send it directly to the Scholarship Committee. Your application will not be considered without this letter. If your pastor is related to you (parent, spouse, or other relative), please ask someone else to write this letter of recommendation. **For Kappler Memorial Scholarship, a letter from your church council stating that they nominate you is required.**

**(4) One-page Typed Statement:** Please attach a one-page typed statement on why you wish to be considered for one of these awards. Be sure to include specific details about financial need and information about your Christian commitment. Be sure your statement is current. Do not duplicate the previous year's statement. Check grammar and spelling carefully – they reflect the care and attention that have been given to preparing your statement.

**For the Frances Nelson Scholarship, please provide a statement of how you intend to serve in full-time Christian service following graduation.**

**(5) Financial Statement:** Please include copy of the **complete** **most recent** **financial aid form** you have completed and are submitting to the college of your choice in its entirety (FAFSA or SAR). Your application will not be considered without this financial statement. **Do not send income tax returns.**

**(6) Applicant’s signature is required.**

**(7) Pastor’s signature is required.**

* Scholarship funds are limited. It is not possible to grant a scholarship to every student who applies
* APPLICATION DEADLINE: POSTMARKED MARCH 31, 2016
* Please check to be sure all items listed above are sent to the Conference Office by the deadline.
* Please mail or deliver in person completed scholarship packets to:

Scholarship Committee - Attn: Ginny Kaiser

The United Methodist Church of Greater New Jersey

1001 Wickapecko Drive, Ocean, NJ 07712

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**2016 Scholarship Application Form**

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| **Name** | | | **Last** | | | | | | **First** | | | | | | | | | | | **Middle Initial** | | | |
| **Please check off the scholarships for which you are applying and eligible:** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Kappler Memorial Scholarship (Undergraduate) - must be nominated by local church** | | | | | | | | | | | | | | | | | | | | | |
|  | | **Frances Nelson Scholarship (Undergraduate/career goal in full-time Christian service) - must be** | | | | | | | | | | | | | | | | | | | | | |
|  | | **nominated by local church** | | | | | | | | | | | | | | | | | | | | | |
|  | | **Conference Trust Fund Scholarship (Undergraduate)** | | | | | | | | | | | | | | | | | | | | | |
|  | | **Emily Garrison Nursing Scholarship (Career in Nursing)** | | | | | | | | | | | | | | | | | | | | | |
|  | | **Ethel Snyder Book/Inez R. Irons Scholarship (Child of Clergy)** | | | | | | | | | | | | | | | | | | | | | |
| **Ethnicity (optional)** | | | | Afro. Amer. | | | Asian | | | Caucasian | | | | | Hispanic. | | Native Amer. | | | | | Cross Cult. | Other | |
| **Applicant’s permanent (home) address** | | | | |  | | | | | | | | | | | | | | | | | | |
| **City** | | | | | | | | | | **State** | | | | | | | **Zip** | | | | | | | |
| **Permanent telephone (including area code)** | | | | |  | | | | | | | | **Permanent E-mail** | | | |  | | | | | | | |
| **Current mailing address** | | | | |  | | | | | | | | | | | | | | | | | | |
| **City** | | | | | | | | | | **State** | | | | | | **Zip** | | | | | | | | |
| **Current mailing address in effect from: (date)**  / / | | | | | | | | | | | | | | **To: (date)**  **/ /** | | | | | | | | | | |
| **Contact telephone (including area code)** | | | | |  | | | | | | | | | **E-mail** | | | | | | | | | |
| **Presently attending (Name of school)** | | | | | | | | | |  | | | | | | | | | | | | | |
| **City** | | | | | | | | | | **State** | | | | | | **Zip** | | | | | | | | |
| **Grade you are in now:**  **(If not currently enrolled, give date of last enrollment and grade.)** | | | | | | | | | | | | | | | |  | | | | | | | | |
| **Grade Point Average:** | | | | | | | | | | | | | | | |  | | | | | | | | |
| **Points on a scale of:** | | | | | | | | | | | | | | | |  | | | | | | | | |
| **(If you use a letter grade average (A,B, or C), tell what percent that letter grade is (for example, “A= 94-100%”)** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **School at which the scholarship is to be used** | | | | | | | | | |  | | | | | | | | | | | | | |
| **City** | | | | | | | | | | **State** | | | | | | **Zip** | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Local church membership (Name of church)** | | | | | | | | | |  | | | | | | | | | | | | | |
| **Address** | | | | | | | | | | **City, State** | | | | | | | | | **Zip** | | | | | |
| **How long have you been a professing member of The United Methodist Church?** | | | | | | | | | | | |  | | | | | | | | | | | |
| **How often do you attend worship services (including attendance while at home and while away at school?** | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Every Sunday** | | | | |  | | **About twice a month** | | | | | | | | | |  | | | **Once a month or less** | | |
| **School or community activities in which you have participated:** | | | | | | | | | | | | | | | | | | | | | | | |
| **Church activities in which you have participated:** | | | | | | | | | | | | | | | | | | | | | | | |
| **Applications will not be considered unless all signatures are included! NO ELECTRONIC SIGNATURES.**  **Securing these signatures and submission of the application BY THE DEADLINE is the responsibility of the applicant!** | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature of applicant 🡪** | | | | | | | | | | |  | | | | | | | | | | | | |
| **Type or print name of pastor 🡪** | | | | | | | | | | |  | | | | | | | | | | | | |
| **Signature of applicant’s pastor 🡪** | | | | | | | | | | |  | | | | | | | | | | | | |